

LOGISTICS NETWORK GROUP, LTD.

11S360 Madison St, Ste B, Burr Ridge, IL 60527
 Phone # (331) 251-3555 Fax # (877) 720-1414 USDOT #2182166

DRIVER'S APPLICATION FOR EMPLOYMENT

Name (first, second, last)	Application date	Hire date
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You must list all previous addresses for 3 years	Address (street, city, zip code- current address)	How long?
	Address (street, city, zip code- previous address)	How long?
	Address (street, city, zip code- previous address)	How long?
	Address (street, city, zip code- previous address)	How long?

Phone Number	Date of Birth	Social Security Number
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Are you legally authorized to work in U.S.?	YES	NO
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DRIVER LICENSE INFORMATION

Driver license Number	State	Type	Exp. Date
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DRIVER EXPERIENCE

Type of equipment	From (date)	To (date)	Approximate # of miles traveled
Type of equipment	From (date)	To (date)	Approximate # of miles traveled

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	NO
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Has any license, permit or privilege ever been suspended or revoked?	YES	NO
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Have you ever been convicted of any criminal act involving the use of CMV or while driving CMV?	YES	NO
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Have you ever been convicted in any criminal act?	YES	NO
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If you answered yes to any of the four questions above attach a statement with explanation.

ACCIDENTS/TICKETS/TRAFFIC VIOLATIONS FOR THE PAST 3 YEARS

Accident record for the past 3 years

Date	Description	# of Inures/ Fatalities
Date	Description	# of Inures/ Fatalities
Date	Description	# of Inures/ Fatalities

Traffic Convictions & Forfeitures for the past 3 years

Date	Location	Charge (violation type)	Penalty
Date	Location	Charge (violation type)	Penalty
Date	Location	Charge (violation type)	Penalty
Date	Location	Charge (violation type)	Penalty

EMPLPOYMENT RECORD

Check here if the driver had no previous employment experience working for a DOT regulated employer during the preceding 3 years.

Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?	YES	NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	YES	NO
Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?	YES	NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	YES	NO

Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?		YES NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		YES NO
Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?		YES NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		YES NO
Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?		YES NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		YES NO
Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?		YES NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		YES NO
Employer/Company name	From (M/Y)	To (M/Y)
Address	Phone	Position held
Where you subject to FMCSRs while employed?		YES NO
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		YES NO

TO BE READ AND SIGNED BY APPLICANT

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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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 the 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.

Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature

Date

Print Name

Social Security Number

Employer Witness

PSP DRIVER BACKGROUND INVESTIGATION RELEASE

In connection with your application for employment with LOGISTICS NETWORK GROUP, LTD., it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action.

The Prospective Employer cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize LOGISTICS NETWORK GROUP, LTD. to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that the release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me. I have read the above Notice Regarding Background Reports provided to me by Prospective

Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print name	Signature	Date
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ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE	
Have you ever refused to be tested for drugs or alcohol?	Yes No
Have you ever tested positive for drugs or alcohol?	Yes No
Have you ever tested positive for any preemployment drug or alcohol test for a job which you applied for but did not obtain?	Yes No
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.	
<p>I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.</p> <p>Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Employment, to determine employment eligibility <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Post Accident <input type="checkbox"/> Follow Up (see company policy) <input type="checkbox"/> Return -to-duty (see company policy) <p>I certify that I have read, understand, and agree to abide by the condition of this consent and release form.</p>	
Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

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 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 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.

2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver License Number	State	Expiration
Driver Signature		Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1 **To be Completed by Prospective Employee**

I, (first, middle, last)	Social Security Number	Date of Birth
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Hereby Authorize (Previous Employer):

Address (Street)	Phone
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Address (City, State, Zip)	Fax
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To release and forward the information requested by section 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to _____ (M/Y of employment dates)

Attn:	Phone: 331-251-3555	Fax: 877-720-1414
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Prospective Employer LOGISTICS NETWORK GROUP, INC.	Address 11S360 Madison St, Ste B, Burr Ridge, IL 60527
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In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.

Applicant Signature	Date
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Section 2	To be Completed by Previous Employer
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The applicant named above was employed by us	Yes	No
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Employed	From M/Y	To M/Y
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Did he/she drive a motor vehicle for you?	Yes	No
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If yes, what type?	Straight Truck	Tractor Trailer	Other
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Reason for leaving your employ	Discharged	Resignation	Lay Off	Military Duty
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If there is no safety performance history to report, check here _____, sign below & return

Complete the following for any accidents included on you accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Signature	Title	Date
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SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED			
Section 3	To be Completed by Previous Employer		
If the applicant was no subject to DOT testing requirements while employed by you please check here , fill in the dates of employment from M/Y _____ to M/Y _____, complete the bottom of Section 3 sign, and return.			
Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No	
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No	
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No	
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No	
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.			
Name of the person providing this information	Your Company Name		
Phone			
Address (Street, City, State, Zip)			
Signature	Date		

After completing section 2 and 3 from this request, please fill out above your company name, address, phone #, sign and date. Fax back to 877-720-1414

HOURS OF SERVICE RECORD (7 DAY SHEET)

FOR FIRST TIME OR INTERMITTENT DRIVERS

On the first day you drive, you must fill out this form to record all work done for direct or indirect compensation.

Name		Social Security Number
Day	Total Time on Duty	Date
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Total Hours		

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief, and that my last time I was released from duty was:

Date:	Time released from duty:
Signature:	Date:

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Are you currently working for another employer? **YES** **NO**

At this time do you intend to work for another employer while still employed
by this company? **YES** **NO**

I hereby certify that the information given above is true and I understand that ones I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature	Date
Witness/Company representative	Date

ANNUAL REVIEW OF DRIVER QUALIFICATION FILE

PART A – CERTIFICATION OF VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: _____ State: _____ Exp. Date: _____ Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature _____ Today's Date _____

PART B – MVR (Attach MVR to from)

PART C – CARRIER ANNUAL REVIEW

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

_____ **The driver meets the minimum requirements for safe driving, or**

_____ **The driver is disqualified to drive a CMV pursuant to 391.15., or**

_____ **This driver is disqualified to drive a CMV pursuant to company policy**

Carrier's Name		Carrier's Address	
Reviewed by:	Title	Date	

DRIVERS ROAD TEST EXAMINATION	
Drivers Name	Phone Number
Address	City, State Zip
Rating of Performance	
The pre-trip inspection (as required by Sec. 392.7)	
Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units	
Placing the equipment in operation	
Use of vehicle's controls and emergency equipment	
Operating the vehicle in traffic and while passing other vehicles	
Turning the vehicle	
Braking and slowing the vehicle by means other than braking	
Backing and parking the vehicle	
Other: Explain:	
Type of Equipment used in giving test	
Examiners Signature	Date
CERTIFICATION OF ROAD TEST	
Driver's Name	Social Security Number
License Number	State
Type of Power Unit	Type of Trailer
If a passenger carrier, type of bus	
This is to certify that the above-named driver was given a road test under my supervision on _____ (date) consisting of approximately _____ miles of driving. It is my considered opinion that this driver possessed sufficient driving to operate safety in the type of commercial motor vehicle listed above.	Signature of Examiner
Title	
Organization and Address of Examiner	

DRIVER NOTIFICATION LETTER – appendix B from A/D Policy

With my signature below I certify that I have received a copy of, and have read the Logistics Network Group, LTD. policy on Alcohol and Drug Testing Procedures. I understand that as a condition of employment as a driver, I must comply with these guidelines and do agree that I will remain medically qualified by following these procedures. If I develop a problem with Alcohol/ Drug abuse during my employment with Logistics Network Group, LTD., I will seek assistance through the current alcohol and drug testing program administrator.

Signature	Date

CERTIFICATE APPENDEX E FROM A/D POLICY

Driver's Name:

Company Department: Safety Department

This is to certify that I have been provided with educational materials that explain the requirements of section 382.601 and my employer's policy and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked items:

1. The designated person to answer questions about the materials.
2. The category of drivers subject to Part 382
3. Sufficient information about safety-sensitive functions and periods of the workday when compliance is required.
4. Specific information concerning prohibited driver conduct.
5. Circumstances under which a driver will be tested.
6. Tested procedures, driver protection and integrity of the testing process, and safeguarding the validity of the test.
7. The requirements that tests are administered in accordance with Part 382
8. An explanation of what will be considered a refusal to submit to a test and consequences.
9. The consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and 382.605 procedures
10. The consequences for a driver found to have alcohol concentration of %0.02 or greater but less than %0.04.
11. Information on the effects of alcohol and controlled substances use on:

An individual's health, -work and personal life as well as signs and symptoms of a problem, available methods of intervening when a problem is suspected.

12. Post-Accident testing procedures part 382.303

Driver's signature	Date
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FOLLOWING IS A SUMMARY OF VIOLATIONS OF COMPANY POLICIES AND THEIR RESPECTIVE FINES

Log books – due within 13 days	10.00 \$ per day
Failure to notify company of a citation	300.00 \$
Failure to notify company of CDL suspension/cancelation	500.00 \$
Failure to report an accident involvement	500.00 \$
Allowing unqualified/unauthorized from the company driver to drive	2000.00 \$
Not authorized from the company passenger in CMV	500.00 \$
Failure to follow delivery instructions	200.00 \$
Failure to report equipment damage or defects of company equipment	500.00 \$
Driver placed out of service during any inspection on the road	500.00 \$
Driving without CDL and/or valid Medical Certificate	500.00 \$
Violating restrictions on CDL and/or Medical Certificate	500.00 \$
Inspection from DOT and their state partners with any moving violation	300.00 \$
Inspection from DOT and their state partners with violations of 30 minutes break, 11h and/or 14h and/or 70h rules	150.00 \$ Per violation
Inspection with any form and manner violations	300.00 \$ Per violation
Violation assigned for expired or not having annual inspection of the equipment	200.00 \$
Violation assigned for not having or nor readable equipment registration	200.00 \$
Violation assigned for tires	200.00 \$
Liability insurance deductible when driver from the company at fault	2,500.00 \$
Physical damage insurance deductible when driver from the company at fault	2,500.00 \$
Cargo insurance deductible when driver from the company at fault	2,500.00 \$
Company driver failure to give two week notice before leaving the company	500.00 \$

Escrow deposit is returned when driver returns all company paper such as: Signed lease agreement (contract), authority and company papers pack, cab signs, fuel cards, trip sheet reports, BOL's with all log books. All these items should be turned in after the very last trip in order the 45 days period for the escrow deposit to start and the last pay check to be issued.

Receipt of acknowledgement

Signature of driver/contractor _____ Date _____

FOLLOWING IS A SUMMARY OF BONUSES AND EXTRAS COMPANY WILL PAY

Clean level 3 DOT Inspection	150.00 \$
Clean level 2 DOT Inspection	250.00 \$
Clean level 1 DOT Inspection	350.00 \$
Referring owner operator(after 1 month of work)	500.00 \$
Referring company driver(after 1 month of work)	250.00 \$

Receipt of acknowledgement

Signature of driver/contractor _____ Date _____

Date_____

This contract is made between _____
(an independent contractor) and Logistics Network Group, LTD. (an Illinois corporation).

The contractor _____ will perform trucking of any the
service provided from him/her will be done without supervision.

Also _____ agree to be paid on trip basis and
after each job is completed.

In addition to the above _____ agree that
compensation received will not be subject to withholding of federal and state tax and social
security tax.

Company representative _____ Independent contractor _____

SS# _____

Date of Birth _____

Address _____

City _____ State _____

Phone# _____