MTI
MAMO
TRANSPORTATION INC.

Dear Commercial Driver:

Thank you for inquiring about the opportunity to serve Mamo Transportation, Inc. as a self-employed contract driver.

Our company is always seeking safe, professional drivers. The pages that follow are required for completion of the driver qualification process as required by the federal government. MTI drivers are required to meet all government requirements and to be between the ages of 25 and 65, a requirement of our insurance carrier.

To contract with Mamo Transportation you must be covered under an Occupational Accident Insurance plan that meets standards of the One Beacon program offered by MTI to contractors. If you have a current plan, please provide a certificate of coverage before orientation. If you do not have current coverage, One Beacon Insurance offers all MTI affiliated contractors the opportunity to purchase Occupational Accident coverage at orientation.

The driver qualification process moves most quickly when these contractor information pages are complete, so we ask that you **answer every question completely** – even if your answer is "None".

These things are required:

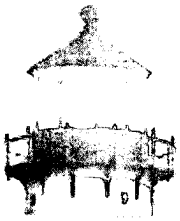
- Where your signature is required, sign your full legal name ***as it appears on your driver's license or CDL*** – no nicknames.
- The prior work sections must include a full name, address, phone number, name of contact, and dates of service. You must provide 3 years of work history if you hold a chauffeurs license, 10 full years of work history if you hold a CDL license. List most recent job first, then move backward.
- If there are gaps in your employment, you must add a written statement to explain unemployment, retirement, self-employment, etc.
- You must add a legible photocopy (front and back) of your **Driver's License, Social Security Card,** and **TWIC Card** to the application. We recommend that these be printed at 200% of normal size if this is possible on the photocopy machine that you use.
- If you have **a passport**, please provide a photocopy with your completed application.
- You must provide a current **USDOT long form physical along with the medical card** with this application, as evidence that you are medically qualified to drive interstate. This test is performed by most walk-in occupational medicine clinics.

The application will be forwarded to MTI corporate headquarters for the driver qualification process to be performed. A corporate recruiter who needs to clarify a part of your work, accident, health, or substance history may contact you. We will contact you to notify you that you have been approved for (first) the pre-contract drug test, and - when drug test results are returned and are negative - (second) for orientation.

The MTI orientation process takes approximately four to six hours, and you can expect to be dispatched to your first vehicle following this federally-mandated training.

The Safety, Compliance, and Recruiting Departments

Revised 01/2010



OneBeacon.
INSURANCE

A Unique Occupational Accident Program
For independent contractors affiliated with Mamo Transportation

Occupational Accident Insurance: Coverage you cannot afford to be without
Given the growing concerns of a shrinking economy faced by independent contractors, many are opting to go without certain insurance coverages. In doing so, this lack of protection can leave the independent contractor vulnerable to both catastrophic accidents and financial losses. To that end, your contract with Mamo Transportation, Inc. (MTI) specifies that you are covered under an Occupational Accident or Workers Compensation insurance plan that meets MTI standards.

Two ways to purchase coverage:
1: **Through Mamo Transportation** - As an affiliated driver of MTI you have the opportunity to purchase Occupational Accident coverage, through OneBeacon Insurance, priced on a group basis---providing a comprehensive insurance program for only **$4.62 per day,** not to exceed $105.00 per month. . This coverage is paid for through settlement deduction and protects you only while you are on dispatch for MTI.

2: **Through Mid South Truckers Professional Driver Association** – OneBeacon has partnered with Mid South Truckers to provide independent contractors of MTI an Occupational Accident program that protects them while under dispatch for MTI as well as other Drive-Away companies. Cost is $125.00 per month payable to Mid South Truckers Group by the independent contractor. For more information call 888-321-1015.

If option 1 or 2 is selected, MTI standards are met. The OneBeacon programs offers*
Accident Death and Dismemberment Coverage: $150,000
Accident Medical Expense: $500,000
Temporary and Continuous Total Disability Benefits: Up to $500 per week
Hernia Benefits
Air Ambulance Benefits

Unique services included in the plan:

Travel assistance—provides assistance for medical, informational, legal and personal services while traveling 100 or more miles from home. Services can include hospital admission guarantee, replacement prescriptions, emergency travel arrangements and more.

Identity Theft Management ---Every 79 seconds an identity is stolen—and independent contractors are at a higher risk given their travel schedules and frequent stops in random locations. Through the Occupational Accident program you can protect yourself against the unforeseen circumstances often associated with identity theft.

Discount Perscription Plan--In an effort to make prescription drugs more affordable, a Discount Prescription Plan is offered through the Occupational Accident program that is designed to give users access to more than 11,000 generic and 5,000 brand prescription drugs at over 45,000 pharmacies.

OneBeacon Insurance Group
OneBeacon Insurance Group traces its roots back to 1835 and has an A.M. Best Rating of "A" (Excellent); Financial Size XIV with one of the strongest balance sheets in the industry. We are committed to providing long-term stable, financially secure products and services delivered through an innovative support infrastructure that fosters maximum efficiency, flexibility and agility.*Please refer to the policy for a complete description of coverages.

Services provided by third party vendors. The Discount Prescription Drug program is not available in Kansas and Illinois. .

Transportation Alliance Bank
Member FDIC
A Flying J Financial Services Company

New Account Application

Complete this section

Primary Account Owner / Authorized Signer

Name: First _____ MI____ Last _____ SSN: _____

DL or Passport #: _____ State / Country of Issuance: _____ Exp.: _____ Phone #: (____) _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Code Word (for security purposes): _____ Date of Birth: _____ Place of Birth (state & country): _____

Joint Account Owner (if applicable) / Authorized Signer

Name: First _____ MI____ Last _____ SSN: _____

DL or Passport #: _____ State / Country of Issuance: _____ Exp.: _____ Phone #: (____) _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Code Word (for security purposes): _____ Date of Birth: _____ Place of Birth (state & country): _____

Please complete this section if this application is for a Business Account

Legal Business Name (if applicable) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tax ID: _____ Phone #: (____) _____ Fax #: (____) _____ Email: _____

Business Purpose: _____ Business Structure (please check one): ☐ LLP / ☐ LLC / ☐ Partnership / ☐ Corporation / ☐ Sole Proprietorship

Business License #: _____ State Issued: _____ ***Please Note:*** *Additional documents may be required. For additional signers, use an extra application.*

Please complete this section if this application is for a Fleet Payroll / Settlement Account

Company Name: _____ Driver ID: _____ ☐ Company Driver ☐ Owner Operator

Please let us know how you will be funding your account

☐ I have enclosed a check ☐ I have enclosed a completed ACH form ☐ Please call me to obtain my money code ☐ Other _____

Please Note: *A $25 minimum deposit must be received before your account will be opened. You can fund your account by check, ACH (see ACH form), or money code. Please do not send cash with your application.*

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer Identification number (or I am waiting for a number to be issued to me), **and**
2. That I am not subject to backup withholding either because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. citizen (including a U.S. resident alien). If you are not a U.S. citizen or resident alien, please complete and enclose a W-8BEN form.

☐ _____ (If you are subject to backup withholding, check this box and initial)

Transportation Alliance Bank complies with Section 326 of the USA Patriot Act. This law requires that we verify certain information about you while processing your account application. After your application has been approved, Transportation Alliance Bank (TAB) will establish a NOW or Alliance Account for you. A TAB NOW Account will be setup for individuals and sole-proprietorships. Businesses will receive an Alliance Account. An Alliance Account is a money market account joined with a line of credit that enables unlimited check writing authority.

Sign & date

By signing this signature card, I agree that all information is accurate and correct and I authorize Transportation Alliance Bank, Inc., to verify this information by any means, including but not limited to, preparation of a credit report by a credit reporting agency and previous banking activity by ChexSystems. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Account Owner / Authorized Signer: _____ Date: _____

Joint Account Owner / Authorized Signer: _____ Date: _____

Please mail or fax the completed application to:

Transportation Alliance Bank
Attn: New Accounts Department
P.O. Box 150190
Ogden, UT 84415-9900

Fax: (801) 395-8610

FOR INTERNAL USE ONLY

_____ Account Number

_____ Customer ID

Contractor Checklist

Referred By:_____ E-Mail Address: _____

Date: _____ Name: _____ Agent: _____

Social Security #: _____ DOB: _____ Physical Expires: _____

Driver License #: _____ State: _____ Class: _____ Expiration Date: _____

Endorsements: _____ Restrictions: _____ TWIC #: _____ Expiration Date: _____

Do you Tow? Yes _____ No _____ Passport ExpirationDate: _____

Mail originals for pre-approval.

1) _____ Drug and Alcohol/Drivers Rights Form
2) _____ Pre-Contract Questionnaire
3) _____ MTI Contractor Information Form
4) _____ Legible copy of Valid Driver License
5) _____ Legible copy of Social Security Card
6) _____ Current DOT Long Form Physical
7) _____ Current Medical Certificate (Card)
8) _____ Approved MVR
9) _____ Safety Performance History Forms
10) _____ DAC Drug Release Form
11) _____ Alcohol and Drug Test Statement
12) _____ Personal References
13) _____ Notice to Independent Contractors
14) _____ Certificate of Driver License
15) _____ Certificate of Violation
16) _____ TAB Application

Complete during contractor orientation

1) _____ 7-Day Prior Duty Log
2) _____ I-9 Contractor Eligibility Form
3) _____ W-9 Taxpayer Identification Form
4) _____ Substance Abuse Information Book Receipt
5) _____ FMCSR Handbook Receipt
6) _____ Legalization Document Receipt
7) _____ Disclosure and Release
8) _____ Road Test/Card
9) _____ Pre-Activation Checklist
10) _____ Contractor Service Agreement
11) _____ Accident Kit
12) _____ Chain of Custody Form
13) _____ TAB Card

For Office Use Only

Date Approved: _____ Driver #: _____ Alpha Code: _____

Dispatch Code: _____ Date Entered: _____ Com-Data#: _____

Revised 01/2008

Read and Retain

The Federal Government mandates that all commercial driver applicants be presented with two items before making application for a driving position: the first is the alcohol and drug policy of the motor carrier; the second is a summary statement of a driver's rights regarding information supplied by former motor carriers and/or employers. This page is both of those summaries.

Remove and retain this page

Mamo Transportation Controlled Substance Policy

Mamo Transportation, Inc. observes all the requirements of part 40 of the CFR. As an applicant commercial driver you will be required to pass a pre-contract drug test and to provide a form in which you acknowledge that you have never tested positive on a pre-employment drug test.

Drivers who have tested positive on any alcohol or drug test, or who have refused a prior alcohol or drug test, or have provided substituted or diluted samples for a drug test are automatically disqualified for a driving position with Mamo Transportation, Inc. This company makes no exception for drivers who have failed prior drug tests but have also completed SAP rehabilitation and/or post rehabilitation testing.

If contracted to MTI, commercial drivers should expect that they will be subject to random alcohol and drug testing, reasonable suspicion alcohol and drug testing, post accident alcohol and drug testing, as required by the CFR.

A Driver's Rights Re. Past References and the Qualification Process

Under new federal regulations, which became effective 10-20-2004 motor carriers are required to give more extensive background information on the performance of commercial drivers than ever before. For example, full details of any accidents in the prior three year period must be supplied together with a complete history of all alcohol and drug testing – including refused tests, alcohol tests producing a result of 0.02 or greater as well as alcohol tests producing results of 0.04.

It is a driver's right to see the information provided by former carrier-employers, if he/she wishes. The government has established a protocol for exercising that right which must be followed:

1. **You have a right to see the information provided by prior employers, if you request it using the correct form within 30 days of joining a motor carrier.**
2. **You have a right to request that prior motor carrier employer correct information provided, if you request this using the correct form.**
3. **You have a right to rebut a prior motor carrier's refusal to correct information, if you use the correct form.**

Mamo Transportation will provide these forms to you, if you choose to exercise your rights under these new regulations.

Mamo Transportation, Inc.

PRE-CONTRACT QUESTIONNAIRE

Name _____ Date: _____

Driving Record

1. Have you ever been cited for driving while intoxicated or impaired? Yes____ No____
2. Have you ever been cited for careless, reckless driving or as a habitual traffic offender? Yes____ No____
3. Have you ever been cited for driving under the influence of marijuana or other drugs? Yes____ No____
4. Has your license ever been suspended or revoked for any reason? Yes____ No____

   If yes, please explain: _____
5. Have you had more than 2 moving violations in the last 3 years? Yes____ No____
6. Have you had more than 2 chargeable accidents in the last 3 years? Yes____ No____
7. Are you between 25 and 65 years of age, and can you pass a DOT physical? Yes____ No____
8. Have you ever been convicted of a felony? Yes____ No____

The Work

1. You will be an independent contractor driver, responsible for the cost of fuel, and for your own food and lodging on the road. Do you understand this? Yes____ No____
2. As an independent contractor driver you could be subjected to a Pre-employment, Random, Post Accident, and/or a Reasonable Cause drug test. Do you understand this? Yes____ No____
3. MTI pays independent contractors when contracts including drivers daily logs and support paperwork are complete and turned in on time. You will receive your settlement on Friday for all paperwork, including driver daily logs, submitted by noon on Monday. All settlements and advances are on the Flying J Tab system. Do you understand this? Yes____ No____
4. As an independent contractor you will receive a 1099 form at the end of the year and not a W-2 form. You will be responsible for your own taxes. This means that MTI will not withhold any taxes or Social Security from your settlement, and you will receive your full settlement. Do you understand this? Yes____ No____
5. In this industry we base our charges to customers on a current mileage software program, PcMiler. Because our customers pay us this way, we pay our contractor drivers based upon software mile, not actual odometer miles. Do you understand this? Yes____ No____
6. You will receive fuel and toll advances on appropriate runs as deemed necessary. It is our policy not to advance personal money for food, lodging, etc. Do you understand this? Yes____ No____
7. As an independent contractor for MTI you will not be provided workers compensation benefits or unemployment benefits. Do you understand this? Yes____ No____
8. On this job you are required to keep a DOT Log Book. Do you know how to keep a log book or can someone teach you before you become an Independent Contractor? Yes____ No____

DO YOU STILL WISH TO APPLY FOR INDEPENDENT CONTRACTOR STATUS? Yes____ No____

If yes Sign here: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE SAFETY DEPARTMENT 888-668-6885

Revised 04/2009

MTI
MAMO
TRANSPORTATION INC.

INDEPENDENT CONTRACTOR INFORMATION

Driver Name: _____ Social Security Number_____ Date of Application_____

MAMO TRANSPORTATION, INC.
1247 3RD ST.
P.O. BOX 40
OSCEOLA, IN 46561

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial criminal, 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 a contract, I understand that false or misleading information given in my Independent Contractor Information Form or interview(s) may result in discharge. I understand, also, that I am required to abide by all contract conditions.

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 safety performance history as required by **49CFR 391.23(d)** and **(e).** I understand that I have the right to:

- Review information provided by 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.

I have received the alcohol and drug policy of Mamo Transportation, Inc., and the summary statement of drivers rights regarding information supplied by former motor carriers and or employers.

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), I understand that reports verifying previous employment, previous drug and alcohol test results, criminal, and driving record may be obtained for employment purposes. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports

I am aware that that I applying for an Independent Contractor position, not an employee position. ☐ Yes ☐ No _____ Initial

Signature: _____ Date: _____

_____ _____
Print Name Social Security Number

Referred By: _____
Agent: _____

Mamo Transportation, Inc.
P. O. Box 40
Osceola, IN 46561

INDEPENDENT CONTRACTOR INFORMATION

Position(s) Applied for _____

Name _____ Social Security Number _____
Last First MI

Current Address _____
Street City

_____ Phone Number( ) _____
State Zip Code

Cell Phone ( ) _____

Previous Address

_____ How Long? _____
Street City State/Zip

_____ How Long? _____
Street City State/Zip

_____ How Long? _____
Street City State/Zip

Are you a U.S. Citizen: ☐Yes ☐No Do you have the legal right to work in the U.S.? _____

Are you age 25 or older: _____ Date of Birth: _____ Can you provide proof of age? _____

In case of emergency notify _____
Name Address

_____
City State Zip Phone Relationship

Do you have a passport? Yes ____ No ____ Expiration Date: _____

Do you have a TWIC? Yes ____ No ____ Expiration Date: _____

Have you ever contracted with this company before? _____ When or where _____

Dates: From _____ To _____ Position: _____ Reason for leaving _____

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

Have you ever been convicted of a felony? _____ Are you currently on parole or probation? _____

If yes, please explain fully: _____

Conviction of a crime is not an automatic bar to contracting; all circumstances will be considered.

Is there any reason you might not be able to perform the functions of the job for which you have applied: _____

If yes, please explain: _____

Revised 01/2008

Name:_____ SS#: _____

EMPLOYMENT HISTORY

All contractor applicants to drive in interstate commerce must provide the following information on all work or employment during the preceding 3 years. Contractor applicants holding a CDL to drive a commercial motor* vehicle in interstate commerce shall provide 10 consecutive years information for work for which the applicant operated Commercial vehicle. (Note: list work history in reverse order starting with the most recent. Add another sheet if necessary.) If driving experience was prior to 10 years, list it, to support your driving skills.

Position	Fax:
Name	From: Month Yr. To: Month Yr.
Address	Position Held
City State Zip	Equipment Driven
Contact Phone	Reason for Leaving
Were you subject to the FMCSRs** ☐Yes ☐No	
Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED mode to the DRUG and ALCOHOL TESTING requirements of 49 CFR PART 40? ☐Yes ☐No	

Position	Fax:
Name	From: Month Yr. To: Month Yr.
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City State Zip	Equipment Driven
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Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED mode to the DRUG and ALCOHOL TESTING requirements of 49 CFR PART 40? ☐Yes ☐No	

* 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.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a high-way in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity require pacarding.

Name:_____ SS#: _____

EMPLOYMENT HISTORY

All contractor applicants to drive in interstate commerce must provide the following information on all work or employment during the preceding 3 years. Contractor applicants holding a CDL to drive a commercial motor* vehicle in interstate commerce shall provide 10 consecutive years information for work for which the applicant operated Commercial vehicle. (Note: list work history in reverse order starting with the most recent. Add another sheet if necessary.) If driving experience was prior to 10 years, list it, to support your driving skills.

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Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED mode to the DRUG and ALCOHOL TESTING requirements of 49 CFR PART 40? ☐Yes ☐No	

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Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED mode to the DRUG and ALCOHOL TESTING requirements of 49 CFR PART 40? ☐Yes ☐No	

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* 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.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a high-way in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity require pacarding.

Name: _____ SS#:: _____

ACCIDENT RECORD FOR PAST 3 YEARS- PREVENTABLE OR NON PREVENTABLE
(attach sheet if more space is needed)
THIS SECTION MUST BE COMPLETED

	Dates	Nature of Accident (head-on, rear-end)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (other than parking)

THIS SECTION MUST BE COMPLETED

Location City, State	Date	Charge	Penality	Commercial Vehicle

EXPERIENCE AND QUALIFICATION - DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	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 _____

If the answer to either A or B is yes, please explain. _____

DRIVING EXPERIENCE
THIS SECTION MUST BE COMPLETED

Driving Experience Check Yes or NO	Circle type of Equipment	Dates From (M/Y)	Dates To (M/Y)	Approximate Number of Miles
Straight Truck	van, tank, flat, refer			
Tractor and Semi-Trailer	van, tank, flat, refer			
Bobtail Tractor				
Motorcoach/School Bus				
Specialized Equipment				
Other				

List states operated in for the last 5 years _____

Show Special Courses or training that will help you as a driver: _____

Which Safe Driving Awards do you hold, and from whom? _____

List any truck driving school you have attended and when. _____

Are you capable of driving a vehicle with a standard transmission? Y N

Circle the shift patterns you can drive: 5 Speed 10 Speed 13 Speed 18 Speed Other

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 & State _____

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.

Signature: _____ Date: _____

Revised 01/2008

SAFETY PERFORMANCE HISTORY INQUIRY

This form must be accompanied with the driver's written signature to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we lease to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report indicate so in the appropriate section.

Applicant's Signature: X_____ **Date:** X_____

Applicant's Name: X_____ **Social Security Number:** X_____

(for employer use only)

Previous Employer: _____

Verification of Employment

The individual named above was employed with this company from: _____ to: _____

Position: _____

Did this position require a Commercial Driver's License (CDL)? ☐ Yes ☐ No

What type of motor vehicle did he/she drive?

☐ Straight Truck ☐ Bobtail Tractor ☐ Motor-coach/Bus ☐ Specialty Equipment

☐ Tractor-Trailer Combination Type of Trailer ☐ Van ☐ Tank ☐ Flat ☐ Dump ☐ Refer ☐ Log

Reason for leaving employment: _____

Accident Information

☐ No accident information to report

Number of injuries	Date of accident (as defined by Part 390.5)	City or Town (most near) and State	Numbers of fatalities 1.
Number of injuries	Date of accident (as defined by Part 390.5)	City or Town (most near) and State	Numbers of fatalities 2.
Number of injuries	Date of accident (as defined by Part 390.5)	City or Town (most near) and State	Numbers of fatalities 3.

Were hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident, released? ☐ Yes ☐ No Accident number: _____

Additional accident information about the accident: _____

Attach additional sheets if necessary and additional accident information required pursuant to your internal policies.

PREVIOUS EMPLOYER CONTACT INFORMATION

Part 391.23 requires previous employers who are regulated by the department of Transportation to provide a specific contact name when responding to a Safety Performance History inquiry. This is required in the event the driver chooses to contact you regarding the information you provide.

Contact Name _____ Title _____

Telephone _____ Fax _____

Mailing Address _____

Signature of Company Official Releasing this information _____ *Title* _____ *Date* _____

01/2008

SAFETY PERFORMANCE HISTORY INQUIRY

This form must accompany the Safety Performance History Inquiry Form when conducting this investigation. Part 391.23(g)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor carrier Safety Administration (FMCSA).

Applicant's Signature: X_____ **Date:** X_____

Applicant's Name: X_____ **Social Security Number:** X_____

(for employer use only)

Previous Employer: _____

PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION

☐ No prohibited drug and/or alcohol conduct to report.
☐ Individual was not in a safety-sensitive position subject to the Part 40 regulation while in our employment.

If the driver engaged in prohibited drug and/or alcohol testing during the previous three years, answer the questions below.

During the previous three years, did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ☐ No

Have a verified positive drug test result? ☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ☐ Yes ☐ No

Did the driver undertake a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to Part 382.605 while in your employment? ☐ Yes ☐ No

Did the driver successfully complete the rehabilitation program prescribed by the SAP while in your employment? ☐ Yes ☐ No

Attach additional documentation, if available, to verify that the individual successfully completed a rehabilitation program prescribed by a SAP.

PREVIOUS EMPLOYER CONTACT INFORMATION

Part 391.23 requires previous employers who are regulated by the department of Transportation to provide a specific contact name when responding to a Safety Performance History inquiry. This is required in the event the driver chooses to contact you regarding the information you provide.

_____ _____
Contact Name Title

_____ _____
Telephone Fax

_____
Mailing Address

_____ _____ _____
Signature of Company Official Releasing this information *Title* *Date*

01/2008

Mamo Transportation, Inc.

Hire Right Solutions 800-322-5298
Formerly USIS
Formerly DAC Services

From: Jo Ann Sawyer
Mamo Transportation, Inc.
Customer # 13727

CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for work (including contract for services) with MAMO TRANSPORTATION, INC.

I understand that consumer reports which may contain public record information may be requested from HRA Services (HRS), Tulsa, OK. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from HRS concerning previous record requests made by others form such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to HRS, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me, which HRS has provided. I agree that such information which HRS has or obtains, and my employment history with you if I am hired (or contracted), will be supplied to other companies, which subscribe to HRS Services.

In conformity with sections 382.413, 382.405, and 391.89 of the Code of Federal Regulations, I hereby authorize HRS on behalf of the company listed above (Company) the following information concerning drug and alcohol tests including pre-employment tests the carriers conducted during the past three years (1) the dates on which I tested positive for drugs, and the drugs involved; (2) the dates on which I tested 0.02 or greater for alcohol and the test result levels (3) the dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize HRS to receive involves tests which were required by the Department of Transportation (DOT) and may also include information concerning tests that the DOT did not require but that the carriers may have voluntarily conducted under their own authority unless I instruct the carriers in writing not to release information concerning non-DOT tests to HRS. If any carrier furnishes HRS with information concerning items (1), (2), or (3) above, I also authorize that carrier to release and furnish: (4) the dates of my negative drug and/or tests with results below 0.02 during the three year period; and (5) the name and phone number of any substance abuse professional who evaluated me during the past two years.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired or leased. I further certify that all of the information that I have furnished on this form is true and complete, and that I have listed every company for which I have worked as a driver during the past two years, and every company for which I taken a pre-employment drug and/or alcohol test during the past three years.

Print Name_____ Signature:_____

Social Security Number: _____ Date: _____

Revised 04/2009

Mamo Transportation, Inc.

PREVIOUS PRE-CONTRACT DRIVER ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) As a motor carrier, you must also ask the driver applicant whether he or she has tested positive, or refused to test, on any pre-contract drug or alcohol test administered by a carrier to which the applicant applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the driver admits that he or she had positive test or a refusal to test, you must not use the [driver] to perform safety sensitive functions, until and unless the [driver] documents successful completion of the return-to-duty process. (See Section 40.25 (b) (5) and (e)).

MAMO TRANSPORTATION, INC.
1247 3rd Street P.O. Box 40
Osceola, IN 46561

Prospective Driver Name: _____ ID Number: _____
Print

The prospective driver is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a motor carrier to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the last three years?

   Check one: Yes_____ No_____

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

   Check one: Yes_____ No_____

Prospective Contractor Signature: _____ Date: _____

MTI Acknowledgement: _____ Date: _____

Revised 01/2008

MTI
MAMO
TRANSPORTATION INC.

Please list requested information for three (3) personal references below.

1. Name: _____

   Relationship: _____

   Address: _____

   City: _____ State: _____

   Zip Code: _____ Phone: _____

2. Name: _____

   Relationship: _____

   Address: _____

   City: _____ State: _____

   Zip Code: _____ Phone: _____

3. Name: _____

   Relationship: _____

   Address: _____

   City: _____ State: _____

   Zip Code: _____ Phone: _____

Please include full name, complete address, and telephone numbers.

Revised 01/2008

MTI
MAMO
TRANSPORTATION INC.

NOTICE TO ALL INDEPENDENT CONTRACTORS

In accordance with the Internal Revenue Code Regulations 31.3401 (c), (c)-1, you are advised of and requested to acknowledge the following rules governing the terms of your working relationship with Mamo Transportation, Inc.

1. The undersigned contractor agrees to perform and complete transportation services at a contract rate for the contracted move.

2. The undersigned contractor reserves the right to select routes of travel and to fix time of delivery (except when reasonable details of delivery have been set by client or customer).

3. The undersigned is not restricted to a specific territory, nor is the undersigned restricted to working exclusively for Mamo Transportation, Inc.

4. The undersigned is contracted based on his/her current expertise and ability, and Mamo Transportation, Inc. undertakes to engage in no training to increase the undersigned's expertise in a given field. (Federally mandated safety training is the exception.)

5. The undersigned acknowledges that if the given field of work is governed by local or national authority or licensed by local or national authority, the undersigned is responsible for acquiring, paying for and maintaining whatever skills or requirements are necessary to qualify for such license.

6. The undersigned acknowledges that he/she will provide whatever equipment and tools of trade necessary in order to perform the required job function.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM PROVIDING SERVICES AS AN INDEPENDENT CONTRACTOR AND NOT AS AN EMPLOYEE, AND SETTLEMENTS OR RENUMERATION PAID TO ME IS THE FULL AMOUNT DUE WITH NO WITHHOLDING FOR INCOME TAXES, FEDERAL UNEMPLOYMENT TAX, OR FEDERAL INSURANCE CONTRIBUTIONS.

_____ _____

(Applicant's Signature) (Date)

Revised 01/2008

MTI
MAMO
TRANSPORTATION INC.

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 and 391 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a commercial vehicle that can transport 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 of which you as a driver must comply. These requirements are in effect as of July 1, 1987. They are as follows:

1. POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

   If you have more than one license, keep the license from your state of residence and return the additional license 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 392.42 and 383.33 of the Federal Motor Carrier safety Regulations require that you notify the motor carrier you are contracted to 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 within 30 days to: 1) the motor carrier with whom you are contracted, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing. This requirement can be met by supplying both with a copy of the citation.

The following license is the only one I possess:

Driver License No.: _____ State: _____ Expires: _____

Drivers Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

Revised 01/2008

MTI
MAMO
TRANSPORTATION INC.

Drivers Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted **during the past 36 months**, and/or all accidents in which I have been involved-regardless of who was at fault. (If none, the word **NONE** must be written by the driver.)

Date of Incident	Incident	Location	Type of Motor Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral for any violation required to be listed during the past 36 months, nor have I been involved in any traffic accident or moving violation, during the past 36 months.

Date of Certification

Driver's Signature & Driver Number

Phone Number

Address

Cell Phone

City, State, Zip Code

Reviewed by, Signature

Title

Revised 01/2008