



Rehire Unit? _____

Location _____

New Hire Check List & Application Part I Form 600 A-I (Rev 01-04-16)B

Driver Name _____ **Unit** _____

We will need copies of all the documents below, please bring to office so we can make copies!

- 01) Copy of current driver's license (front and back): _____ *Check expiration date and restrictions- write here.*
- 02) Copy of current medical card (front and back): _____ *Check expiration date- write here.*
- 03) Copy of current medical long form: _____ *Check expiration date- write here.*
- 04) Check for valid social security card (if it requires INS card): _____ *Check for INS authorization.*
- 05) Copy of current U.S. immigration card (front and back): _____ *Check expiration date (and copy only if required to validate SS card).*
- 06) Copy of current TWIC card (front and back): _____ *Check expiration date- write here.*
- 07) Copy of current DMV printout (driver to bring in): _____ *Verify violation codes, sign & date.*
- 08) Copy of current truck registration: _____ *Owner name should match driver.*
- 09) Copy of current DOT trk inspection (less than 90 days get pre-hire): _____ *Check dates- write here.*
- 10) Copy all State/Fed permit numbers, Fed ID #, (CA) current B.I.T. receipt for fees paid:
(If applicant cannot produce copy of typed CA permit have him contact the CHP 323-644-9557)
- 11) Check driver DOT safety score (PSP Report): _____ *Is driver declared fit or un-fit?*

Additional driver questions with App I:

Have Hz? _____ Want to do Hz? _____ Truck Color? _____ Safety Vest? _____ Interstate Driver? _____

Want PD? _____ Tractor Value? _____ (do not over insure) Local Liability Insurance Amt? _____

Go Out of Town? _____ Fuel Tank Size? _____ Sleeper? _____ Paychecks to? _____

Truck Owner Cell? _____ Owner SS or Fed ID? _____

RFID Tag # _____ Port or Rail _____ Cell Phone Service _____

EMAIL ADDRESS _____

POM Processor _____ Date Rec'd _____ Date Completed _____

12) POM Verify 3 to 10 (Hz) years of employment, send drug and prior employment requests:

(Have driver come back with truck if all of the above check out okay and you have prior employer verification)

13) Send to clinic for drug test and D.O.T. physical- if no MEDICAL LONG FORM with the medical card. Driver must return with the Chain of Custody form (Proof that he went plus we need the specimen id number to add him to random drug pool). Don't forget to charge back for tests given to driver on start-up form 601N.

After you receive a negative drug test result have driver complete orientation and contract.

*******NORDIC LOGISTICS, LLC*******

APPLICATION PART I Form 600B

Driver Info

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

NORDIC Logistics verifies all information on it's Owner Operator applicants. Any misinformation may be grounds for contract termination at any time.
(ANSWER ALL QUESTIONS TRUTHFULLY AND PLEASE PRINT CLEARLY)

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Date _____ Unit _____ Position applied for (circle one): Owner/Operator or Driver
(Office will supply the unit number)

DMV License # _____ Hazmat Endorsed? _____ How long have you had your class A license? _____

Name as it appears on your driver's license _____
First Middle Last

Home phone (_____) _____ Cell phone (_____) _____ Emergency (_____) _____

What is your Nextel radio number _____ * _____ *

Current address _____ Apt# _____ City _____ Zip _____

How long have you lived there? _____ Years In what city do you park your truck? _____

Previous address _____ Apt# _____ City _____ Zip _____

How long did you live there? _____ Social Security # _____ Fed ID # _____
You must provide a FED ID number

Date of birth _____ Where were you born? _____ Can you provide proof of age? _____

Have you worked for this company before? _____ If yes; where? _____ When? _____

Position held _____ Reason for leaving? _____

Are you employed now? _____ Did another driver refer you? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? (as described in the attached job description) If yes, please explain:

Have you ever been convicted of a felony? If yes, please explain:

Do you have any Failures To Appear (FTA's) on driving record? _____

EDUCATION (List highest grades completed for each level)

Grade School _____ High School _____ College _____ Degree _____ Other _____

Last school attended _____ City and State _____

Do you have any special awards or certificates? _____

Did you attend any truck driving schools or classes _____

When did you graduate from truck driving school? _____

*** Summary of Rights, Consumer Reports and ID Theft brochures are available upon request, ask for a copy and we'll give you one.***

PRIOR EMPLOYMENT / DRIVER HISTORY

You **MUST** list (3) years of work history and 10 years of driving history with no gaps or explain below.

If you are a **HazMat driver** you **MUST** list (10) years of work history with no gaps or explain below.

1) Name of your last employer? _____ Subject to FMCSR? _____

Address _____ City _____

Phone number (____) _____ Name of supervisor _____ Safety sensitive position? _____

What type of work did you do here? _____

Start date End date Reason for leaving:

(Do not write in this space for office use only)

Verification date _____ Verified by _____ Spoke to _____

Fax (____) _____ Sent request for prior info _____ Sent request for drug info _____ Class A? _____

Notes _____

2) Name of your last employer? _____ Subject to FMCSR? _____

Address _____ City _____

Phone number (____) _____ Name of supervisor _____ Safety sensitive position? _____

What type of work did you do here? _____

Start date End date Reason for leaving:

(Do not write in this space for office use only)

Verification date _____ Verified by _____ Spoke to _____

Fax (____) _____ Sent request for prior info _____ Sent request for drug info _____ Class A? _____

Notes _____

3) Name of your last employer? _____ Subject to FMCSR? _____

Address _____ City _____

Phone number (____) _____ Name of supervisor _____ Safety sensitive position? _____

What type of work did you do here? _____

Start date End date Reason for leaving:

(Do not write in this space for office use only)

Verification date _____ Verified by _____ Spoke to _____

Fax (____) _____ Sent request for prior info _____ Sent request for drug info _____ Class A? _____

Notes _____

Per DOT rules and regulations you must explain any gaps in your work history on this page. Were you unemployed for a time? Were you in school or the Military? Were you out of the country for a while? You must explain any gaps below:

From: _____ To: _____ Explain _____

From: _____ To: _____ Explain _____

From: _____ To: _____ Explain _____

PRIOR EMPLOYMENT / DRIVER HISTORY

You **MUST** list (3) years of work history and 10 years of driving history with no gaps or explain below.
If you are a **HazMat driver** you **MUST** list (10) years of work history with no gaps or explain below.

4) Name of your last employer? _____ Subject to FMCSR? _____

Address _____ City _____

Phone number (____) _____ Name of supervisor _____ Safety sensitive position? _____

What type of work did you do here? _____

Start date End date Reason for leaving:

(Do not write in this space for office use only)

Verification date _____ Verified by _____ Spoke to _____

Fax (____) _____ Sent request for prior info _____ Sent request for drug info _____ Class A? _____

Notes _____

5) Name of your last employer? _____ Subject to FMCSR? _____

Address _____ City _____

Phone number (____) _____ Name of supervisor _____ Safety sensitive position? _____

What type of work did you do here? _____

Start date End date Reason for leaving:

(Do not write in this space for office use only)

Verification date _____ Verified by _____ Spoke to _____

Fax (____) _____ Sent request for prior info _____ Sent request for drug info _____ Class A? _____

Notes _____

6) Name of your last employer? _____ Subject to FMCSR? _____

Address _____ City _____

Phone number (____) _____ Name of supervisor _____ Safety sensitive position? _____

What type of work did you do here? _____

Start date End date Reason for leaving:

(Do not write in this space for office use only)

Verification date _____ Verified by _____ Spoke to _____

Fax (____) _____ Sent request for prior info _____ Sent request for drug info _____ Class A? _____

Notes _____

Per DOT rules and regulations you must explain any gaps in your work history on this page. Were you unemployed for a time? Were you in school or the Military? Were you out of the country for a while? You must explain any gaps below:

From: _____ To: _____ Explain _____

From: _____ To: _____ Explain _____

From: _____ To: _____ Explain _____

(Certificate of Violations)
DRIVERS LICENSE INFORMATION

License number _____ State _____ Class A, B or C _____ Expiration date _____

How long have you been driving commercially with your class A license? _____ Years _____ Months

Which states have you operated in _____ Do you have HAZMAT endorsement? _____

ACCIDENT RECORD

ANY ACCIDENTS FOR THE PAST 3 YEARS- How many your fault? _____ Not your fault? _____ IF NONE, CHECK HERE _____
(Attach additional paper if necessary)

Date of accidents _____ Type of accidents _____

Did you get a citation for this? _____ Any fatalities/injuries _____ Were you in a truck? _____

Details: _____

DRIVING RECORD

List any tickets for moving violations that you have received in the last 3 years:

Table with 3 columns: Year, Violation, City/ST

Has your license ever been suspended or revoked? _____ If so when? _____ For how long? _____

Reason for suspension? _____

Have you ever been convicted of a felony? (No) (Yes) Explain: _____

Do you have any Failures To Appear (FTA's) on driving record? _____

DRUG & ALCOHOL

Have you ever refused to drug or alcohol test? (No) (Yes) Explain: _____

Have you ever received a positive drug result? (No) (Yes) Explain: _____

Have you ever received an alcohol test over .04%? (No) (Yes) Explain: _____

Ever received an "open container violation"? (No) (Yes) Explain: _____

Do you have any DUI or drug related convictions? (No) (Yes) Explain: _____

DRIVING EXPERIENCE

Which vehicles you've driven: Tractor/Trailer: 2 axle 3 axle Years _____ Straight truck: 2 axle 3 axle Years _____

What size trailers you've pulled: (20-26 foot) (40-45 foot) (48-53 foot) Years _____ Miles _____

What type of equipment did you pull: Flatbed Dry Van Reefer Tanker Containers Other _____

Are you familiar with the RAILROAD procedures, terminals and equipment in this area?

Which RAILROAD terminals have you been to _____

This certifies that the information I have entered into this application is true and complete to the best of my knowledge. I understand that entering false information is grounds for termination and NORDIC Logistics is not liable for any false information received from applicants.

X

(Signature of applicant)

Date _____

AUTHORIZATION FOR MVR, BACKGROUND CHECKS, CSA 2010 (Rev 01-17-13)

APPLICANT NAME _____
(As it appears on your driver's license)

ADDRESS _____ CITY _____ ZIP _____

DRIVER'S LIC. # _____ STATE _____ EXPIRES _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

I hereby authorize Nordic Logistics, LLC to obtain a MVR (driving record), run personal background checks and PSP reports from the state/states where I now or previously held a driver's license and to run a criminal background check. The information obtained from my driving record is to be used solely to determine my eligibility for hire or continued contracted services.

CERTIFICATION OF APPLICATION INFORMATION and RULES

TO BE READ AND SIGNED BY APPLICANT

This certifies that this entire application was completed by me, and that all entries and information in it is true and complete to the best of my knowledge. I understand that false or misleading information given in my application or during my interview(s) may result in my not being hired or may result in my discharge.

I understand that if hired, I am required to abide by all the rules, regulations and requirements of the Company, the D.O.T., and Federal/State. I also understand that the position that I am being considered for is an Independent Contractor position and not an Employee of the Company. I am responsible for my own record keeping, Federal/State-permits/taxes, and D.O.T. compliance. If I employ a driver for my truck I am responsible for all of the driver's tax withholdings and filings, Workman's Comp., etc.

The Company may at times ask for updated information for it's files, if the information is not produced in a timely manner (normally within two weeks) I understand that I may be fined or placed off dispatch or terminated until the items are on file. Your files at Nordic Logistics, LLC are open to you for viewing during normal business hours.

You represent the Company and must be well groomed and your tractor must be clean, presentable and in good working condition (per DOT rules). You must have acceptable references from prior employers, have no more than (2) driving convictions in (3) yrs and only one major preventable accident within the past (3) years. You must have only one valid driver's license. You must have a valid SS card and immigration documents if applicable. You must pass a DOT physical exam, DOT drug test & road test (if road test required). You must read, write & speak the English language well enough to communicate with Dispatch & Customers (per ss 383.5). Have no more than (1) serious violation in the past (3) years. No recent felony convictions within 5 years.

CSA / PSP- You must not be declared unfit or unsatisfactory by the DOT on your personal safety record. You may not be able to obtain insurance if you have too many DOT violations. If you get too many points on your CSA / PSP DOT scores or too many DMV points or accidents we may have to terminate your contract (subject to review).

As required by regulation or Company policy I authorize Nordic Logistics, LLC to make inquiries into my personal, employment, financial, driving record or medical history, criminal history, DHS, PSP records and other information as may be necessary to make a hiring decision. If applicable, generally inquiries regarding medical history will be made only after a conditional offer of hire has been extended. I hereby release present and previous employers, schools, health providers, CDTA (Your National Compliance Solution), PSP, DAC and other persons from all liability in responding to inquiries or releasing information in connection with my application.

I agree to hold Nordic Logistics, LLC harmless and not responsible for any false, misleading, expired or missing documentation presented herein this application and my files. It is your responsibility to keep your files current.

X _____ **Date** _____

(Signature of applicant for endorsing approval for all authorizations and Certification of Application)

IMPORTANT DISCLOSURE: REGARDING BACKGROUND REPORTS FROM THE PSP Online Service 01-04-16

In connection with your application for employment with Nordic Logistics ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FM CSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Nordic Logistics ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ **Signature X** _____ **Name (Print):** _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. LAST UPDATED 12/22/2015

The terms "EMPLOYER" and "EMPLOYEE" do not apply to Owner Operators and Independent Contractors- substitute the terms "Motor Carrier" and "Contractor"

NORDIC LOGISTICS, LLC

2330 Pomona Blvd. Pomona, CA 91768 PH (909) 865-8384 x4 Fax (909) 865-6295

Request for Prior Employment and Controlled Substance Information

I release NORDIC Logistics and any prior Employers from all liability which may result from the release of such information. I hereby authorize NORDIC and/or HireRight/CDTA "Your National Compliance Solution" to obtain all information requested, regarding my prior work history, driving records, DOT/PSP/CSA reports and controlled tests as required by law 391.23.

Driver: Please just complete this section and sign below.

Date _____ Social Security # _____

Print Name _____ Applicant signature **X**

- | | | |
|--------------------------|-----------|---------------|
| 1) Prior employer: _____ | Fax _____ | Contact _____ |
| 2) Prior employer: _____ | Fax _____ | Contact _____ |
| 3) Prior employer: _____ | Fax _____ | Contact _____ |
| 4) Prior employer: _____ | Fax _____ | Contact _____ |

Request Dates

The person named above has applied for work with NORDIC Logistics and has listed your company as a past employer or contractor. Under CFR 49 we are required to obtain the following information from you and you are, in turn, required to provide this information to us. For purposes of prior employment investigation (as required by Section 391.23 of the FMCSR) you are released from any and all liability which may result from furnishing such information. The applicant's signature on this form above has authorized you to release the following information:

Prior position held _____ Employed from _____ Employed to _____

Any chargeable accidents or violations? No ___ if Yes ___ (Explain) _____

Was a class "A" driver's license used? Yes ___ No ___ Was the job subject to DOT- FMCSR regulations? Yes ___ No ___

Reason for leaving? _____

Would you rehire? Yes ___ No ___ Upon review ___ Any insurance claims? _____

Type of equipment operated: 3 axle tractor ___ Straight Truck ___ Containers ___ Flatbed ___ Years ___ Miles _____

Comments: _____

Did your job position require DOT Drug and Alcohol testing in a safety sensitive function required by 49 CFR ?
Yes ___ No ___ If "Yes" please complete the section below.

In the last three years has this person ever:

- | | | |
|--|---------|--------|
| Tested positive for controlled substances? | ___ Yes | ___ No |
| Had an alcohol test with 0.04% or greater? | ___ Yes | ___ No |
| Refused an alcohol or drug test? | ___ Yes | ___ No |
| Had a adulterated or substituted result? | ___ Yes | ___ No |
| Had other DOT violations of drug or alcohol testing regulations? | ___ Yes | ___ No |
| Had a previous employer report "yes" to any of the above? | ___ Yes | ___ No |

SAP Name, Address and Phone _____

***The name of your company →** _____

Completed by (sign please) X _____ Date _____

Printed name _____ Title _____

**Thank you for promptly completing this form and returning by fax to: (909) 865-6295
or you can email to LAsafety@emailgenesis.com**