PH: 248-987-2565 FAX: 888-400-7810

APPLICATION FOR EMPLOYMENT

COMPANY				_STREET	ADD	RESS							
CITY, STATE AND ZI	P CODE												
NAME													
(FIRS	ST)		(MIDDLE)			(Maiden Name, if any)			(LAST)				
ADDRESS	RESS									HOW LONG?			
(STREET)		(CITY)			(STATE & ZIP CODE)								
DATE OF BIRTH SO			CIAL SECURITY NO				HIR			RE DATE			
TELEPHONE NUMBE	R			E	-MAII	L ADD	RESS _						
		PR	EVIOUS T	HREE YEA	ARS F	RESID	ENCY						
										# YF	ARS		
(STREET)	ĒT) (CIT			<u>()</u>			(STATE & ZIP CODE)						
										# YEARS			
(STREET)	REET) (CITY)			STATE & ZIP CODE)						
(STREET) (CITY)			^	CODE	# YEARS								
) (STATE & ZIP CODE) CH SHEET IF MORE SPACE IS NEEDED)										
		(ATTA)					NEEDEL	(1					
Section 383.21 FMCS	R states '	"No nerson w		NSE INFOF			vehicle	shall at any t	ime ha	ave m	nore than	one	
driver's license". I cer													
							EVDIDATION DATE						
STATE LI		CENSE NO.			TYPE			EXPIRATION DATE					
			DRI	/ING EXPE	RIEN	ICE							
CLASS OF			TYPE OF EQUIPMENT			١T	DATES			APPROX. NO. OF			
EQUIPMENT			(VAN, TANK, FLAT, E			rc.)	FROM	ТО	O MILES (TOTAL)				
STRAIGHT TRUCK													
TRACTOR AND SEMI-TRAILER													
TRACTOR - TWO TRAILERS													
OTHER													
ACCIDENT R	ECORD	FOR PAST 3	YEARS (OR MORE (ATT	ACH S	HEET IF	MORE SPA	CE IS	NEE	EDED)		
D/ (1 LO		OF ACCIDENT			NUMBER		NUMBER			CHEMICAL			
	(HEAD-ON, REA		R-END, UF	.)) FATALITIES		INJURIES			SPILLS			
											YES	NO	
											YES	NO	
											YES	NO	
TRAFFIC CONVIC	TIONS AI	ND FORFEIT	TURES FO	R THE PA	ST 3	YEAR	S (OTHE	R THAN PA	RKIN	G VI	OLATIO	NS)	
DATE CONVICTED		VIOLATIOI	N	STATE	OF \	/IOI A	TION		Р	ENAL	TY		
(month/year)				LOCATI						d bond, collateral and/or points)			
		/ATT	ACH SUFF	TIE MODE	SDA0	E IC N	EEDED)						
		•		T IF MORE			•	0 1/50		NG			
A. Have you ever bee	en denied	a license, pe	ermit or pri	viiege to op	erate	a mo	tor vehicl	e? YES		NO			
If yes, explain													
B. Has any license, p	ermit or p	rivilege ever	been susp	ended or re	evoke	ed?		YES .		NO			
If yes, explain													



EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

		per and name, city,	state and zip code.
LAST EMPLOYER: NAME			
ADDRESS		PHONE _	
POSITION HELD	FROM	то	SALARY
REASONS FOR LEAVING			
ANY GAPS IN EMPLOYMENT AND/OR UNEMP AND REASON.	PLOYMENT MUST E	BE EXPLAINED. IN	NCLUDE DATES (MONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety R	Regulations (FMCSRs)	while employed by th	e previous employer? Yes No
Was the previous job position designated as a safety substances testing requirements as required by 49 CFF		DOT regulated mode	e, subject to alcohol and controlled Yes No
SECOND LAST EMPLOYER: NAME			
ADDRESS		PHONE _	
POSITION HELD	FROM	TO	SALARY
REASONS FOR LEAVING			
ANY GAPS IN EMPLOYMENT AND/OR UNEMPAND REASON.			NCLUDE DATES (MONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety R	Regulations (FMCSRs)	while employed by th	e previous employer? Yes No
Was the previous job position designated as a safety substances testing requirements as required by 49 CFF		DOT regulated mode	e, subject to alcohol and controlled Yes No
THIRD LAST EMPLOYER: NAME			
ADDRESS		PHONE _	
POSITION HELD	FROM	TO	SALARY
REASONS FOR LEAVING			
REASONS FOR LEAVINGANY GAPS IN EMPLOYMENT AND/OR UNEMPAND REASON	PLOYMENT MUST E	SE EXPLAINED. IN	
ANY GAPS IN EMPLOYMENT AND/OR UNEMF AND REASON.	PLOYMENT MUST E	E EXPLAINED. IN	NCLUDE DATES (MONTH/YEAR)
ANY GAPS IN EMPLOYMENT AND/OR UNEMF	PLOYMENT MUST E	BE EXPLAINED. IN while employed by the	NCLUDE DATES (MONTH/YEAR) e previous employer? Yes No
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLAND REASON. Were you subject to the Federal Motor Carrier Safety R Was the previous job position designated as a safety substances testing requirements as required by 49 CFR	PLOYMENT MUST E	BE EXPLAINED. IN while employed by the DOT regulated mode	PICLUDE DATES (MONTH/YEAR) The previous employer? Yes No
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLAND REASON. Were you subject to the Federal Motor Carrier Safety R Was the previous job position designated as a safety substances testing requirements as required by 49 CFR	Regulations (FMCSRs) ensitive function in any R Part 40? EAD AND SIGNED I quiries to my persona an employment decis	while employed by the DOT regulated mode BY APPLICANT I, employment, fination. (Generally, inquended.) I hereby retended.)	e previous employer? Yes No e, subject to alcohol and controlled Yes No ncial or medical history and other uiries regarding medical history will lease employers, schools, health
ANY GAPS IN EMPLOYMENT AND/OR UNEMPAND REASON. Were you subject to the Federal Motor Carrier Safety Reasons was the previous job position designated as a safety substances testing requirements as required by 49 CFF TO BE REI authorize you to make sure investigations and increlated matters as may be necessary in arriving at a be made only if and after a conditional offer of emploare providers and other persons from all liability in	Regulations (FMCSRs) ensitive function in any R Part 40? EAD AND SIGNED I quiries to my persona an employment decis loyment has been ex n responding to inqu misleading information	while employed by the DOT regulated mode BY APPLICANT I, employment, fination. (Generally, inquended.) I hereby reries and releasing it	the previous employer? Yes No se, subject to alcohol and controlled Yes No notial or medical history and other utiries regarding medical history will lease employers, schools, health information in connection with my on or interview(s) may result in
ANY GAPS IN EMPLOYMENT AND/OR UNEMPAND REASON. Were you subject to the Federal Motor Carrier Safety Reasons was the previous job position designated as a safety substances testing requirements as required by 49 CFF TO BE REASONS. I authorize you to make sure investigations and increlated matters as may be necessary in arriving at a be made only if and after a conditional offer of employment, and other persons from all liability in application.	Regulations (FMCSRs) ensitive function in any R Part 40? EAD AND SIGNED I quiries to my persona an employment decisoloyment has been ex n responding to inque misleading information de by all rules and regent and/or previous emperformance history as remployers; us employers and for the	while employed by the DOT regulated mode BY APPLICANT I, employment, fination. (Generally, inquended.) I hereby reries and releasing it given in my applicational actions of the Comparison of t	re previous employer? Yes No e, subject to alcohol and controlled Yes No ncial or medical history and other uiries regarding medical history will lease employers, schools, health information in connection with my on or interview(s) may result in any. and those employer(s) will be 91.23(d) and (e). I understand that I
ANY GAPS IN EMPLOYMENT AND/OR UNEMPAND REASON. Were you subject to the Federal Motor Carrier Safety Reasons was the previous job position designated as a safety substances testing requirements as required by 49 CFR TO BE RE I authorize you to make sure investigations and ingrelated matters as may be necessary in arriving at a be made only if and after a conditional offer of employment and other persons from all liability in application. In the event of employment, I understand that false or redischarge. I understand, also, that I am required to abin "I understand that information I provide regarding curred contacted, for the purpose of investigating my safety per have the right to: Review information provided by current/previous end have errors in the information corrected by previous to the prospective employer; and Have a rebuttal statement attached to the alleged	Regulations (FMCSRs) ensitive function in any R Part 40? EAD AND SIGNED I quiries to my persona an employment decisoloyment has been ex n responding to inque misleading information de by all rules and regent and/or previous emperformance history as remployers; us employers and for the	while employed by the DOT regulated mode BY APPLICANT I, employment, fination. (Generally, inquended.) I hereby reries and releasing it given in my applicational actions of the Comparison of t	re previous employer? Yes No re, subject to alcohol and controlled Yes No ricial or medical history and other uiries regarding medical history will lease employers, schools, health information in connection with my on or interview(s) may result in any. and those employer(s) will be 91.23(d) and (e). I understand that I yers to re-send the corrected information over(s) and I cannot agree on the
ANY GAPS IN EMPLOYMENT AND/OR UNEMPAND REASON. Were you subject to the Federal Motor Carrier Safety Reasons was the previous job position designated as a safety substances testing requirements as required by 49 CFR TO BE RE I authorize you to make sure investigations and ingrelated matters as may be necessary in arriving at a be made only if and after a conditional offer of employment and other persons from all liability in application. In the event of employment, I understand that false or redischarge. I understand, also, that I am required to abin "I understand that information I provide regarding curred contacted, for the purpose of investigating my safety perhave the right to: Review information provided by current/previous end have errors in the information corrected by previous to the prospective employer; and Have a rebuttal statement attached to the alleged accuracy of the information."	Regulations (FMCSRs) ensitive function in any R Part 40? EAD AND SIGNED I quiries to my persona an employment decis doyment has been ex n responding to inqu misleading information de by all rules and reg nt and/or previous emperformance history as r employers; us employers and for t erroneous information	while employed by the DOT regulated mode BY APPLICANT I, employment, finantion. (Generally, inquended.) I hereby reries and releasing it given in my applicational actions of the Compart of the Compart of the Previous employers may be used, equired by 49 CFR 3 mose previous employers if the previous employers if the previous employers.	re previous employer? Yes No re, subject to alcohol and controlled Yes No recial or medical history and other uiries regarding medical history will release employers, schools, health reformation in connection with my reconstruction or interview(s) may result in reconstruction any. and those employer(s) will be 1.23(d) and (e). I understand that I reconstructed information

DATE
APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Job Reference Letter LINK ROADWAYS INC. 24798 CRESTVIEW CT FARMINGTON HILLS MI 48335 FAX 888-400-7810 PH 248-987-2565

I hereby authorize you to release the following it	information to Prospective employer Link Roadways Inc.
	e
employers of the applicant that employed him/h	ated to gather the following information below from all previous er to operate commercial motor vehicle within the three years preceding lete the information and return it within 30 days as required by section
Applicants Name SS # Employer Photo Address	# ne #
1 Dates Employed	
4 Job Title 5 Number of total accidents incidents	Verify as much detailed information as possible.
This information is being requested in complian	
the driver was not subject to department of I check here complete bottom of section 2 s Driver was subject to Department of transportation.	
1 Has the person had an alcohol test with a result 2 Has the person tested positive or adulterated of controlled substance? 3 Has the person refused to submit to a post according of the person committed other violations of the substance test? 4 Has the person committed other violations of the SAP prescribed rehabilitation program in your earned follow up tests? If yes please send docume	or substituted to a test specimen of sident, random, reasonable suspicion Subpart B of Part 40? subpart B of Part 382 or Part 40? hol regulation, did this person complete employ including return to duty
In answering these questions include any requiremployers in the previous 3 years prior to the a	ed DOT drug or alcohol testing information obtained from previous pplication date.
Name	
Cpmpany	
Address	
Signature	Print Name
Title	Date