

# MIA INC.

## APPLICATION FOR PLACEMENT

238 Moon Clinton Road, Coraopolis, PA 15108  
(412) 264-6996 Fax (412) 264-9172

### MINIMUM REQUIREMENTS NECESSARY TO ACCEPT APPLICATION

- \_\_\_\_\_ Must be at least 23 years of age.
- \_\_\_\_\_ Must have 2 years verifiable experience.
- \_\_\_\_\_ Must have current physical and supply a copy of the long form.
- \_\_\_\_\_ Must have a valid CDL in the state of residence.
- \_\_\_\_\_ Must not have had a DUI in the previous 5 years.
- \_\_\_\_\_ Must never have failed a Drug Test.
- \_\_\_\_\_ Must have a police report for any accident or reportable incident within the previous 3 years.
- \_\_\_\_\_ Must not have had two or more serious traffic violations in the previous 3 years.
- \_\_\_\_\_ Must not have had two or more chargeable accidents in the previous 3 years.
- \_\_\_\_\_ Must not have had more than one DOT recordable preventable accident in the previous 3 years.
- \_\_\_\_\_ Must not have had any DOT recordable preventable accidents in the last year.

UPON MEETING MINIMUM REQUIREMENTS, COMPLETE APPLICATION – LEAVE NO BLANKS.

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status.

Agent No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Position(s) Applied for Driver \_\_\_ O/O \_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
State Zip Phone Cell #

ADDRESS FOR PAST THREE YEARS	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	
	_____	_____	_____	How Long? _____
	Street	City	State & Zip Code	

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name Address Phone Relationship

### PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work \_\_\_\_\_

Ever injured on the job? \_\_\_\_\_ Give nature and degree of such injuries \_\_\_\_\_

How much time lost from work in past three years for illness? \_\_\_\_\_

REV 7/05

# RELEASE FOR INFORMATION FOR ALCOHOL AND CONTROLLED SUBSTANCES TESTING

PERSON FOR WHOM INFORMATION IS REQUESTED

Name \_\_\_\_\_ SSN \_\_\_\_\_

**RELEASE**

**I HEREBY AUTHORIZE YOU TO RELEASE ALCOHOL AND DRUG TESTING RESULTS FOR THE PAST THREE YEARS TO THE COMPANY NAMED BELOW**

Signature: \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS COMPANY:**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Previous Employer

Number/Street/P.O. Box No. City State Zip

Subject to the alcohol and controlled substances testing provisions of the Federal Motor Carrier Safety Regulations, pursuant to 49 CFR 382.413(b), we are requesting the results of alcohol and drug testing of this individual for the past three years. The driver has given written consent in the release above.

**REPORT OF TEST RESULTS:**

· Not Subject to Federal testing requirements.

Alcohol: Tested 0.04 BAC or greater · No · Yes Date Last Test \_\_\_\_\_  
Controlled Substances: Tested positive · No · Yes Date Last Test \_\_\_\_\_  
Refusal To Test: · No · Yes Date Last Test \_\_\_\_\_

PLEASE RETURN THIS INFORMATION TO : (Mark envelope CONFIDENTIAL)

Name of Individual \_\_\_\_\_ Title \_\_\_\_\_

Our WEB address is <http://arlnetwork.com>

If you prefer to reply by telephone call: (412) 264-6996

If you prefer to reply by Fax: (412) 264-9172

412-264-6996 Phone  
412-264-9172 Fax

Contract/Lease and Drug/Alcohol Testing Verification  
Applicants Release

From: \_\_\_\_\_

I hereby authorize the company/employer/school named below to release to Motor Carrier by mail, fax, or telephone, the information requested below. I further agree to release and hold harmless the company/ employer/ school named below and its directors, officers, employees and agents for any information so provided.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants do not write below this line

Motor Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
("Applicant") has applied for a driving position. By law we are required to make appropriate inquiries about the applicants work history. The law also requires us to obtain information concerning the applicants past drug and alcohol test results. The applicant's release (above) authorizes your company/school to provide us with the following:

Dates of hire/contract: From: \_\_\_\_\_ To: \_\_\_\_\_  Full time  Part time

Positions held: \_\_\_\_\_

Reason for leaving:  Voluntary  Lay- Off  Terminated If "terminated" why? \_\_\_\_\_

Graduated/ Completed Course  other

Eligible for re-hire/re-contract:  Yes  No  Upon Review If no why? \_\_\_\_\_

**MOTOR VEHICLE ACCIDENTS**

<u>Date</u>	<u>Chargeable (yes/no)</u>	<u>Brief Description of Accidents</u>	<u>DOT reportable (Yes/No)</u>	<u>None</u> <input type="checkbox"/>
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

1. Trailer Type:  Vans  Flats  TCU  Tank  Tractor/Trailer  Straight Truck  Other Trailer Length \_\_\_\_\_

2. Area of Operation:  Northeast  East Coast  Southeast  Midwest  West Coast  Northwest Number of States \_\_\_\_\_

3. Commodities Hauled:  General  Lumber  Steel  Coils  Equipment  Refrigerated  Other Tarping:  Yes  No

**Drug an Alcohol Testing And Test Results**

1. Did Applicant test positive for any controlled substances?  Yes  No

2. Did the applicant test positive for alcohol (0.04 or higher)?  Yes  No

3. Did applicant refuse to take any alcohol or controlled substance test required by federal regulations?  Yes  No

4. Did applicant violate any other DOT drug & alcohol testing regulations?  Yes  No

\_\_\_\_\_  
Verification completed by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

1<sup>st</sup> Attempt \_\_\_\_\_

2<sup>nd</sup> Attempt \_\_\_\_\_

3<sup>rd</sup> Attempt \_\_\_\_\_

EMPLOYMENT HISTORY SECTION MUST BE COMPLETE FOR 10 YEARS. DO NOT LEAVE GAPS. IF UNEMPLOYED, LIST AS SUCH. DO NOT LIST SELF-EMPLOYED OR THE NAME OF AN EQUIPMENT OWNER LIST INSTEAD THE NAME OF THE CARRIER TO WHOM LEASED DURING TIME OF EMPLOYMENT.

NOTE: LIST EMPLOYERS IN REVERSE ORDER, STARTING WITH THE MOST RECENT. USE ADDITIONAL PAPER IF NECESSARY

<b>EMPLOYER</b>	<b>DATES</b>	<b>POSITION HELD</b>
NAME	FROM:	TYPE OF EQUIPMENT
ADDRESS	MO.                  YR.	REASON FOR LEAVING
CITY                          STATE                  ZIP	TO:	
PHONE NUMBER	MO.                  YR.	
<b>EMPLOYER</b>	<b>DATES</b>	<b>POSITION HELD</b>
NAME	FROM:	TYPE OF EQUIPMENT
ADDRESS	MO.                  YR.	REASON FOR LEAVING
CITY                          STATE                  ZIP	TO:	
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CITY                  STATE          ZIP	TO:	
PHONE NUMBER	MO.          YR.	

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

LIST ALL DRIVER LICENSES HELD IN LAST 3 YEARS	STATE	LICENSE NO.	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 \_\_\_\_\_
- C. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Are you A US citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Have you ever Failed a Drug Test? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF THE ANSWER TO EITHER A, B, C, or D IS YES, ATTACH STATEMENT GIVING DETAILS  
DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES
STRAIGHT TRUCK:			
TRACTOR AND SEMI-TRAILER:			
TRACTOR-TWO TRAILERS:			
OTHER:			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_  
\_\_\_\_\_

**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.

I authorize you to make such investigation and inquiries of my personal, employment, financial, medical and results of alcohol & controlled substance tests (382.413(b)) and other related matters as may be necessary in arriving at a decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I understand that false or misleading information given in my application or interview(s) may result in termination of lease agreement or driver position for independent contractor. I understand also, that I am required to abide by all rules and regulations of the Company as permitted by law.

Date \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**SUBMIT DRIVER'S LICENSE AND LONG FORM PHYSICAL WITH APPLICATION.**

**PRE-EMPLOYMENT URINALYSIS**  
**CONSENT FORM**

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 382.301, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

I understand that there will be a \$57.00 administrative fee for the drug test if I leave within six (6) months. This deduction will be taken from the Independent Contractor.

I hereby agree to submit to a drug screen urinalysis.

\_\_\_\_\_  
(Print applicant's name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. 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 claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, 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 DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I also understand that the company, upon their discretion, reserves the right to request a CRIMINAL REPORT; and upon signing this application I give my permission to run such report.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
(Print Applicant's Name)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date



## Request for National Driver Register File Check on Current or Prospective Employee

<b>Current or Prospective Employer to Receive the NDR Search Results:</b> " Driver Employer    " Railroad Company				
Employer or Agency Name				
To the specific attention of:			Business Telephone Area Code    Number (       )	
Mailing Address (Number and Street)				
City, State and Zip Code				
<b>Type or Print Plainly</b> (Avoid delays. Inquiries that cannot be read will not be processed.)				
Driver's Full Legal Name (First, Middle, and Last)				
Other Names Used (Maiden, Prior Name, Nickname, Professional Name, Other)				
Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number)			Home Telephone (Optional) Area Code    Number (       )	
City, State and Zip Code			Work Telephone (Optional) Area Code    Number (       )	
Driver License Number and State (Driver must be licensed in the state initiating the search)			Social Security Number (Optional)	
Month, Day, and Year of Birth	Sex	Color of Eyes	Height	Weight
<p><b>EMPLOYEE UNDERSTANDING:</b> I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does <b>not</b> contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form.</p>				
Driver's Signature (Please read information on back before signing.)			Date	
<b>Official Use Only</b>			<b>NOTARIZATION</b>	
Date Received			Required only if the NDR File Check Request is not made in person <b>by the current or prospective operator.</b>	
Date Sent			Sworn to and ascribed before me                      Notary Public Seal or Stamp	
Internal Control			this _____ day of _____	
			19____ in the city/county of _____	
			State of _____	
TYPE OF IDENTIFICATION: " Valid Photo Driver License " State-issued Photo ID " Birth Certificate " Valid Passport " Valid Military ID " Military Discharge Papers " Other (specify) _____				
Employee Verifying Applicant Identification (Print Name)			Signature	

# Requests for National Driver Register (NDR) Record Checks

## Who May Obtain an NDR Record Check

Any person may ask to know whether there is an NDR record on him or her and may obtain a copy of the record if one exists. Requests from individuals require Form NDR-PRV.

Employers of drivers and locomotive engineers may also obtain NDR record checks. ***Every driver or operator on whom an NDR file check is requested is entitled to review the NDR report(s) provided to the employer.*** The results of the NDR check will be mailed only to the current or prospective employer. If no employer is named on the form or it is changed, the request will not be processed.

### The following authorization applies to Railroad Company Requests

**NDR CHECK AUTHORIZATION:** The U. S. Department of Transportation, Federal Railroad Administration, in accordance with 49 CFR, Part 240.111, requires that I hereby request and authorize the National Highway Traffic Safety Administration (NHTSA) to perform an NDR check of my driving record for a 36-month period prior to the date of this request **including license withdrawal actions open at time of file check.** I hereby authorize the NDR to furnish a copy of the results of this NDR check directly to the railroad company identified on this inquiry form.

## What NDR Records Contain

NDR results for employers will contain only the identification of the state(s) which have reported information on the driver to the NDR and only information reported within the past 3 years from the date of the inquiry. Driver control actions initiated prior to that time, even if still in effect, will not be included.

Detailed information to confirm identity or to describe the contents of the driver record can be obtained only from the State(s) listed when probable matches are reported. The name and address of the driver licensing official will be provided for each state listed.

## How to Request an NDR Record Check

Using this form, which may be completed by either the current or prospective employer or the current or prospective employee, (1) the driver must authorize the request by his or her signature or mark as witnessed and (2) the driver must certify his or her identity. Any mailed NDR record check request must be notarized to certify identity.

***Requests must be made to the state in which the driver is licensed.***