

**APPLICATION FOR EMPLOYMENT {See 49 CFR 391.21}**

Employment + 3 years

This Application must be filled out completely or it will not be processed.

|                                                                                          |                                                                                  |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Prospective Employer: FOREWAY TRANSPORTATION<br>1413 RANDALL RD<br>COOPERSVILLE MI 49404 | Phone: (616)997-9771<br>Fax: (616)997-3727<br>Application Submitted: ___/___/___ |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

**Applicant: Read and sign the following notification prior to submitting this Application for possible employment.**

- (A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21 (b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and CFR 40.25 (re drug and alcohol information).
- (B) As the prospective employer, Foreway Transportation hereby notifies you that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23(d)(e):
  - (1) The right to review information that will be provided by previous employers.
  - (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Foreway Transportation.
  - (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.
- (C) EQUAL OPPORTUNITY EMPLOYER: 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 and disability.
- (D) I understand that if I have a protected handicap that affects my ability to perform the position, I may ask Foreway Transportation to attempt to make accommodations as required by law. I must make my request in writing to Foreway Transportation as soon as possible and no later than 182 days after the date I know or reasonable should know that accommodation is needed.

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

Applying for the position of: \_\_\_\_\_

|                        |                              |                                       |                         |
|------------------------|------------------------------|---------------------------------------|-------------------------|
| Print Applicant's Name | Date of Birth<br>___/___/___ | Social Security Number<br>___/___/___ | Yrs. @ Address<br>_____ |
|------------------------|------------------------------|---------------------------------------|-------------------------|

|                             |              |
|-----------------------------|--------------|
| Applicant's Current Address | Home Phone # |
|-----------------------------|--------------|

|                |              |
|----------------|--------------|
| City/State/Zip | Cell Phone # |
|----------------|--------------|

Are there currently any felony charges against you?  Yes  No If "Yes" \_\_\_/\_\_\_/\_\_\_

Have you ever been convicted of any crime?  Yes  No If "Yes" \_\_\_/\_\_\_/\_\_\_

Have you ever been known by any name other than the one on this application?  Yes  No If "Yes" Print \_\_\_\_\_

If "YES" to any of the above, explain: \_\_\_\_\_

Are you:  A U.S. Citizen  A Lawful Permanent Resident  otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_: \_\_\_\_\_

In Case of Emergency, notify: \_\_\_\_\_  
(Name) (Relationship) Address) (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you worked for this company before?  Yes  No

If "Yes" Where? \_\_\_\_\_

Dates: From \_\_\_/\_\_\_/\_\_\_ Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

|                                                                                       |  |  |  |  |  |             |  |  |                                                                                       |  |  |
|---------------------------------------------------------------------------------------|--|--|--|--|--|-------------|--|--|---------------------------------------------------------------------------------------|--|--|
| <b>Education / Military Status</b>                                                    |  |  |  |  |  |             |  |  |                                                                                       |  |  |
| Military (Branch): _____                                                              |  |  |  |  |  | Rank: _____ |  |  | Presently in Guard/Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 |  |  |  |  |  |             |  |  |                                                                                       |  |  |

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of FOREWAY TRANSPORTATION as part of its application process.

|                  |                                                                                                                                                                                   |                                                                                            |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Last employer:   |                                                                                                                                                                                   | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:    |                                                                                                                                                                                   |                                                                                            |
| Address:         |                                                                                                                                                                                   |                                                                                            |
| City/State/Zip:  |                                                                                                                                                                                   |                                                                                            |
| Supervisor Name: |                                                                                                                                                                                   |                                                                                            |
| Position Held:   | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                  | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |

In what states did you drive a CMV?

|                    |                                                                                                                                                                                   |                                                                                            |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 2nd Last employer: |                                                                                                                                                                                   | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:      |                                                                                                                                                                                   |                                                                                            |
| Address:           |                                                                                                                                                                                   |                                                                                            |
| City/State/Zip:    |                                                                                                                                                                                   |                                                                                            |
| Supervisor Name:   | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Position Held:     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |

In what states did you drive a CMV?

|                    |                                                                                                                                                                                    |                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 3rd Last employer: |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:      |                                                                                                                                                                                    |                                                                                            |
| Address:           |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:    |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:   | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Position Held:     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |

In what states did you drive a CMV?

|                    |                                                                                                                                                                                    |                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 4th Last employer: |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:      |                                                                                                                                                                                    |                                                                                            |
| Address:           |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:    |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:   | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Position Held:     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |

In what states did you drive a CMV?

|                                |                                                                                                                                                                                    |                                                                                            |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 5 <sup>th</sup> Last employer: |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:                  |                                                                                                                                                                                    |                                                                                            |
| Address:                       |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:                |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:               | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Position Held:                 | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |

In what states did you drive a CMV?

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of FOREWAY TRANSPORTATION as part of its application process.

|                                     |                                                                                                                                                                                    |                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 6 <sup>th</sup> employer:           |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:                       |                                                                                                                                                                                    |                                                                                            |
| Address:                            |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:                     |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:                    |                                                                                                                                                                                    |                                                                                            |
| Position Held:                      | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                                     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| In what states did you drive a CMV? |                                                                                                                                                                                    |                                                                                            |

|                                     |                                                                                                                                                                                    |                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 7 <sup>th</sup> Last employer:      |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:                       |                                                                                                                                                                                    |                                                                                            |
| Address:                            |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:                     |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:                    |                                                                                                                                                                                    |                                                                                            |
| Position Held:                      | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                                     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| In what states did you drive a CMV? |                                                                                                                                                                                    |                                                                                            |

|                                     |                                                                                                                                                                                    |                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 8 <sup>th</sup> Last employer:      |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:                       |                                                                                                                                                                                    |                                                                                            |
| Address:                            |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:                     |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:                    |                                                                                                                                                                                    |                                                                                            |
| Position Held:                      | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                                     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| In what states did you drive a CMV? |                                                                                                                                                                                    |                                                                                            |

|                                     |                                                                                                                                                                                    |                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 9 <sup>th</sup> Last employer:      |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:                       |                                                                                                                                                                                    |                                                                                            |
| Address:                            |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:                     |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:                    |                                                                                                                                                                                    |                                                                                            |
| Position Held:                      | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                                     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| In what states did you drive a CMV? |                                                                                                                                                                                    |                                                                                            |

|                                     |                                                                                                                                                                                    |                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 10 <sup>th</sup> Last employer:     |                                                                                                                                                                                    | Dates of Employment<br>____/____/____    ____/____/____<br>Hired                      Left |
| Company Name:                       |                                                                                                                                                                                    |                                                                                            |
| Address:                            |                                                                                                                                                                                    |                                                                                            |
| City/State/Zip:                     |                                                                                                                                                                                    |                                                                                            |
| Supervisor Name:                    |                                                                                                                                                                                    |                                                                                            |
| Position Held:                      | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other:<br>Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
|                                     | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| In what states did you drive a CMV? |                                                                                                                                                                                    |                                                                                            |

License and Permit information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years:

| State | License/Permit# | Type | Expiration Date |
|-------|-----------------|------|-----------------|
|       |                 |      | ___/___/___     |
|       |                 |      | ___/___/___     |
|       |                 |      | ___/___/___     |

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years receding date application submitted:

| Dates       | Location | Charge | Penalty |
|-------------|----------|--------|---------|
| ___/___/___ |          |        |         |
| ___/___/___ |          |        |         |
| ___/___/___ |          |        |         |

\*Have you ever been disqualified under Federal Motor Carrier Safety Regulation s guidelines?  yes  no

\*Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?  yes  no

\*Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?  yes  no

\*Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied?  yes  no  
Revoked?  yes  no  
or Suspended?  yes  no

If "YES" to any of the above, list dates and circumstances: \_\_\_\_\_  
\_\_\_\_\_

**Driving experience:**

|                                                                                                      |                             |                     |                         |                             |  |
|------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|-------------------------|-----------------------------|--|
| Truck Driving School:                                                                                | Graduation Date ___/___/___ |                     |                         |                             |  |
| Class/Type of Equipment (buses, trucks, truck tractors, semi trailers, full trailers, pole trailers) | From                        | Dates To            | Approx Total Experience | Approx Total # Miles Driven |  |
|                                                                                                      | ___/___                     | mo/yr ___/___ mo/yr | ___/___ yrs/mos         |                             |  |
|                                                                                                      | ___/___                     | mo/yr ___/___ mo/yr | ___/___ yrs/mos         |                             |  |
|                                                                                                      | ___/___                     | mo/yr ___/___ mo/yr | ___/___ yrs/mos         |                             |  |
|                                                                                                      | ___/___                     | mo/yr ___/___ mo/yr | ___/___ yrs/mos         |                             |  |

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

| Dates                          | Nature of Accident (head-on, rear-end, upset, etc.) | # Fatalities | # Injuries |
|--------------------------------|-----------------------------------------------------|--------------|------------|
| Last Accident: ___/___/___     |                                                     |              |            |
| Previous Accident: ___/___/___ |                                                     |              |            |
| Previous Accident: ___/___/___ |                                                     |              |            |

**Driver Certification** includes all additional sheets. Were any additional sheets used for this application?  YES  NO  
If "YES # of additional pages attached: \_\_\_\_\_

I understand that all Foreway Transportation employees are employed on an indefinite basis and are subject to termination at any time, with or without notice, with our without prior discipline or warning, and with or without cause. No person other than the President of Foreway Transportation has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

**My signature certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.**

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