



Zeeland Freight Services, LLC

2500 84th Ave, Zeeland, MI 49464

Phone: (800) 748-0595

Driver Application

Application must be completed even if submitting a resume

Personal Information

Date: _____ Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

Phone Number: _____ Email Address: _____

Current residential address

_____ Street _____ City _____ State _____ Zip

Residential addresses over last 3 years (if less than 3 years at current address):

_____ Street _____ City _____ State _____ Zip

_____ Street _____ City _____ State _____ Zip

_____ Street _____ City _____ State _____ Zip

Current and previous business address (if less than 3 years at current address):

_____ Street _____ City _____ State _____ Zip

Identify which motor vehicles you have previously operated

Type of equipment	Years of Experience	Miles Driven
Straight truck		
Tractor/semi-trailer		
Tractor/full trailer		
Twin trailers		
Bus		
Other (please name)		

Have you been convicted of a crime in the last 10 years (excluding a minor traffic violation) that has not been expunged?

Yes No (A conviction will not necessarily automatically disqualify you. Rather, such factors as age and date, of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

If yes, briefly explain: _____

Are you at least 21 years of age? Yes No (If not, you may be required to provide authorization to work).

How did you hear about us? _____

Referred by: _____

CDL/Driving Information

Driver's license #: _____ Class (A, B, C): _____

Endorsement(s): _____

Issuing state: _____ Expiration date: _____

Years of driving experience: _____

List all moving violations in the last 3 years that resulted in conviction, forfeited bond or collateral (other than parking violations):

List all the accidents in the last 3 years, including the date and nature of each accident, any fatalities or personal injuries it caused, and whether you or other drivers were at fault:

Have you been convicted of a DUI/DWI during the last 10 years? Yes No

If yes, date of conviction: _____

Complete one of the following:

I certify that my motor vehicle license, permit or privilege has not been denied, revoked or suspended; or

My motor vehicle license, permit or privilege has been denied, revoked, or suspended for the following reasons and dates:

(List dates and reasons for license suspension, revocation or denial)

Previous work history

Have you previously worked for Zeeland Freight Services, LLC? Yes No If yes, when? _____

Provide all employment or contract services for the last 3 years, and an additional 7 years of commercial driving experience (add another sheet if needed).

Previous carrier/employer: _____

From (month/year): _____ To (month/year): _____

Address: _____
Street City State Zip

Position held: _____

Contact person: _____
Name Phone Email address

Reason for leaving: _____

While employed, were you subject to FMCSA Regulations? Yes No

Was this position designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing requirements? Yes No

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Address: _____
Street City State Zip

Position held: _____

Contact person: _____
Name Phone Email address

Reason for leaving: _____

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Was this position designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing requirements? Yes No

Authorization

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.

Applicant's Signature: _____ Date: _____

The information you provide in this application may be used and the previous employers/carriers listed above will be contacted for the purpose of investigating safety performance history.

Part 2 - FMCSA Notification of Right to Review Information

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

- I) You have the right to review information provided by previous employers.
- II) You have 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 prospective employers.
- III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five-day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.



Request for Work Information

I hereby authorize the company, or companies listed below to release the information listed below to Zeeland Freight Services, LLC (ZFS) as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Once the information is provided, I have the following rights: (i) To review the information you provided; (ii) to correct any errors and to have the corrected information sent to ZFS; and (iii) to submit a rebuttal if I do not agree with the accuracy of the information.

Also, in accordance with 49 CFR Part 382.413, I hereby authorize and require my previous and/or current employers listed by me to release the results (including any refusal to test) of all drug and alcohol tests to ZFS.

If I submit a rebuttal, my previous employer has five days to forward the rebuttal to ZFS and attach a copy of the rebuttal to my permanent safety performance history.

Applicant's Signature: _____ Date: _____

Verification Of Work History For:

Applicant's name: _____ Social Security #: _____

Applicant signature: _____

(Current or previous company to complete this section)

Company name: _____

Work history: Date From: _____ Date To: _____

Position held: _____

What type of equipment did driver operate? Straight truck Tractor/trailer Tractor/dump trailer Other

Type of driving: Local Over-the-road Was the driver applicant a safe and efficient driver? Yes No

Did the driver applicant have any accidents while working for you? Yes No

If yes, describe briefly: _____

Reason for leaving? Discharged Resignation Layoff Other

Was the driver applicant's conduct satisfactory? Yes No

If no, please explain: _____

Did this driver applicant have log problems? Yes No Late deliveries? Yes No

Would you rehire this driver? Yes No Upon review

If no, why not? _____

Was driver subject to FMCSA Regulations? Yes No

Was the position a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Company name: _____

Signature: _____

Print name: _____

Title: _____

Date: _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department of Transportation's regulations and may result in a fine and/or civil liability.

**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____ (Applicant name), hereby provide consent to Zeeland Freight Services, LLC (ZFS), through its C/TPA HireRight, LLC, or direct through the FMCSA Clearinghouse website, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (the "Clearinghouse") to determine whether drug or alcohol violation information about me exists in the Clearinghouse. If ZFS hires me, ZFS may conduct unlimited additional limited queries of the Clearinghouse for the duration of my employment.

I understand that if the limited query conducted by ZFS indicates that drug or alcohol violation information about me exists in the FMCSA Clearinghouse, FMCSA will not disclose that information to ZFS without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for ZFS to conduct a limited query of the Clearinghouse, ZFS must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Applicant signature: _____ Date: _____



Zeeland Freight Services, LLC

Voluntary Self-Identification

(Confidential — For Statistical Use Only)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for equal employment opportunity record keeping. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This information will be maintained separate from your application for employment.

Date _____ Position Applied For _____

Name _____

Gender: Male Female

Ethnic Group

Please check the description with which you most identify.

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, South east Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America,) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) — All persons who identify with more than one of the above races.

ZEELAND FREIGHT SERVICES, LLC IS AN EQUAL OPPORTUNITY EMPLOYER



Zeeland Freight Services, LLC

Voluntary Self-Identification of Disability
(Confidential — For Statistical Use Only)

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral palsy	Major depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Multiple Sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Scizophrenia	Missing limbs or partially missing limbs	Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Date



Zeeland Freight Services, LLC

Voluntary Self-Identification of Disability
(Confidential — For Statistical Use Only)

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www .dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMS control number. This survey should take about 5 minutes to complete.