



Driver Application Packet

Please complete all pages of the application. There are four copies each of 'Inquiry to Past Employers', these forms will be sent to your last four previous employers.

We will also need a copy of your:

- Drivers License with HAZMAT Endorsement
- D.O.T. Medical Card and Long Form Physical
- Current of your Driving Record from the Secretary of State.

Due to Midwest Express being involved with the movement of freight via air, you will be subject to a criminal history background check by T.S.A. In lieu of a T.S.A. criminal history background check, the HAZMAT Threat Assessment Program (49 CFR 1572) evidenced by a state-issued CDL with hazardous material endorsement issued AFTER May 31, 2005.

Driver qualifications:

Minimum 2 (two) years verifiable driving experience.

Must be able to successfully pass a pre-employment drug screen.

Have no criminal record.

Have no more than one moving violation per year (excluding major conviction disqualifiers as listed below) or more than 3 (three) moving violations in the past 3 (three) years.

Automatic disqualifications:

Driving a motor vehicle while under the influence of intoxicants (BAC +0.04) or drugs within the past 5 (five) years.

Negligent, reckless or careless driving within the past 5 (five) years.

Speeding in excess of 15+ miles per hour over the posted speed limit within the past 5 (five) years.

Illegal transportation of intoxicants or drugs within the past 5 (five) years.

Manslaughter (whether voluntary or involuntary), reckless homicide, property damage, or assault arising from the use of a motor vehicle.

Failure to stop and report or identify oneself when involved in a motor vehicle accident.

Operating a motor vehicle without a valid driver's license or motor vehicle registration or during a period of revocation, probation or suspension of operator, chauffer, or motor vehicle registration within the past 5 (five) years.

Disqualified from holding a HAZMAT Endorsement if convicted of the offenses as listed in the Federal Hazardous Materials Requirements - USA Patriot Act of 2001 (http://www.dmv.ca.gov/pubs/brochures/fast_facts/ffd129.htm) and/or listed by T.S.A. (http://www.cls-ent.com/livescan_documents/Hazmat%20Application-Illinois.pdf).

Thank you for your interest in working for Midwest Express Co.

If you have any questions, please ask the personnel in the Operations office.



Please Print Clearly

APPLICATION FOR EMPLOYMENT

Company Name _____ Date _____

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, citizenship status or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Name _____ Position Applied For _____ (list only one)

Telephone Number () _____ - _____ Alternate/Cellular Telephone Number () _____ - _____

Present Address _____

Street, Apartment, or Unit Number

_____ How long have you lived there ____ / ____ Years/Months

City

State

Zip

Email Address _____ Are you 18 years of age or older? Yes No

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work, if hired: _____

If hired, can you provide proof that you are legally eligible for employment in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Do you have any commitments to any other employer which could affect your employment with this Company if hired (for example, an employment agreement, a non-competition or non-solicitation agreement, etc.)? Yes No

If yes, please explain:

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **Do not answer "see résumé."**

Employer

Name	Address	Type of Business
Telephone (____) _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not? _____
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

Employer

Name	Address	Type of Business
Telephone (____) _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not? _____
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

- Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____
- Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____
- Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____
- If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.
- _____
- _____
- _____
-

Briefly describe your qualifications for this position and any special skills or experience you possess which will be of special benefit in the position for which you are applying: _____

List any professional or occupational registration, licensure or certification you currently hold which may be applicable to the position for which you are applying and/or indicate whether you have ever had any related professional registration, license, or certification suspended, revoked or terminated: _____

Employment History

All driver applicants are required by the U.S. Department of Transportation to provide prospective employers with their employment history for the 10 years preceding the date the application is submitted. All information listed below must be completed in its entirety. Use blank paper if you do not have enough room on this application.

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

May we contact your current employer? Yes _____ No _____

Employer	Dates	Position Held
Name	From	Reason For Leaving
Address	Mo. Yr.	
City	To	
Phone Number	Mo. Yr.	

Employer	Dates	Position Held
Name	From	Reason For Leaving
Address	Mo. Yr.	
City	To	
Phone Number	Mo. Yr.	

Employer	Dates	Position Held
Name	From	Reason For Leaving
Address	Mo. Yr.	
City	To	
Phone Number	Mo. Yr.	

Employer	Dates	Position Held
Name	From	Reason For Leaving
Address	Mo. Yr.	
City	To	
Phone Number	Mo. Yr.	

Employer	Dates	Position Held
Name	From	Reason For Leaving
Address	Mo. Yr.	
City	To	
Phone Number	Mo. Yr.	

Employer	Dates	Position Held
Name	From	Reason For Leaving
Address	Mo. Yr.	
City	To	
Phone Number	Mo. Yr.	

Includes vehicles having a CVWR of 26,001 lbs. or more, vehicles designated to transport 15 or more passengers, or any size vehicle used to transport Hazardous Materials in a quantity requiring placarding.

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

DRIVING INFORMATION [Optional] (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: _____

Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? Yes No

If yes, explain:

Do you have personal automobile insurance? Yes No

If no, explain:

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes, explain:

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

Current drivers license information

State	CDL Class/Endorsements	Drivers License #	Expiration Date

List all licenses held in the past 3 years

State	License Number	Type	Expiration Date

Have you ever had a driver's license under any other name? Yes No

If yes, explain: _____

Driving Experience

Type of Equipment	No. of Years	Approximate No. of Miles	
		City	Highway
Straight Truck			
Tractor/Trailer			

Accident Record for Past 5 Years: Include all accidents while operating personal and/or commercial Vehicle

Mo. Day Year	Type Accident	Type Equipment	Death or Injuries	City and State	Night or Day	Employer

Have you ever had any license permit or privilege to operate a motor vehicle denied, revoked or suspended? Yes No If yes, explain _____

List all violations (other than parking violations) of any motor vehicle law or ordinance which, you were convicted or forfeited bond or collateral during the past 5 Years:

Date	Offense	LOCATION	Type of Vehicle Operated	Disposition

REFERENCES [Optional]

Please list the names of additional work-related references we may contact who have worked with you in the past. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE/EMAIL

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that alcohol and/or drug testing is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of Company property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL UNLESS SUCH AGREEMENT IS SIGNED BY THE PRESIDENT OF THE COMPANY OR THE PRESIDENT'S DESIGNEE.

I authorize the Company and/or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. I certify that I have received a separate written notification that the Company may obtain consumer reports (for example, criminal history, driving records, etc.) on me for use in connection with my Application (where allowed by law) and, if I am hired, my employment, unless otherwise prohibited by state, local, or federal law.

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

FOR CALIFORNIA APPLICANTS ONLY: BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.

FOR MARYLAND APPLICANTS ONLY: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant Signature _____ **Date** _____ / _____ / _____

FOR MASSACHUSETTS APPLICANTS ONLY: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FOR RHODE ISLAND APPLICANTS ONLY: THIS COMPANY IS SUBJECT TO THE WORKERS' COMPENSATION LAWS OF THE STATE OF RHODE ISLAND. *

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL. THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

*This employment application not appropriate for use by Rhode Island employers exempt from the state's Workers' Compensation laws.



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, your driving record, and criminal background check may be obtained on you for employment purposes.

These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

Applicants Signature

Date

Print Name

Social Security Number

Address (Number & Street)

(City) _____

(State) _____

(Zip Code) _____

Date of Birth _____

License No. /State _____

REQUESTED BY

**Midwest Express Co.
1660 Wall Street #400
Mt Prospect, IL 60056
847-827-3400**

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“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 FMCSA; 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 _____ (“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

Name (Please 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



DOT & FMCSR RELEASE OF INFORMATION FORM for Previous Employers

Please Complete and Return to FAX 847-258-3398

SECTION I. To be completed and signed by the new employee.

Employee Name (Printed) _____ Social Security No. (Last 4 Digits) XXX-XX-_____

I hereby authorize release of information to Midwest Express for purposes of investigation as required by Sections 382 & 391 of the Federal Motor Carrier Safety Regulations and from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT regulations 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT regulated testing items:

1. Alcohol tests with result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

SECTION I-A & I-B. To be completed by the new employer and transmitted to the previous employer.

I-A. New Employer Name: Midwest Express Co. **Address:** 1660 Wall St #400, Mt Prospect, IL 60056
Phone No.: 847-827-3400 **Fax No.:** 847-258-3398
Employer Representative: Rick Lacapra **Email:** rick.lacapra@midwestexpressco.com

I-B. Previous Employer
Name: _____ **Address:** _____

Phone No.: _____ **Fax No.:** _____

Employer Representative: _____ **Email:** _____

The individual named below has applied to our company for a position as a/an _____

And states that he/she was employed by your company as a/an _____ from _____ to _____

We appreciate your time in completing, in confidence, the information requested below.

Are the dates of employment and position listed above accurate? **Yes** **No**

If not, what should they be? _____

SECTION II A & B. To be completed by the previous employer and transmitted by mail, e-mail or fax to the new employer listed in Section I-A.

II-A.

In the two year prior to the date of the employee's signature (in Section I), for DOT regulated testing;

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
2. Did the employee have verified positive drug tests? YES NO
3. Did the employee refuse to be tested? YES NO
4. Did the employee have other violations of DOT drug & alcohol testing regulations? YES NO
5. If you answered "yes" to any of the above items, did the employee complete return-to-duty process? YES NO

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must provide the appropriate return-to-duty documentation (e.g., SAP reports(s), follow-up testing record.)

II-B.

1. Did he/she drive a motor vehicle for you? Straight Truck Tractor Trailer Bus Other NO
2. If a Tractor Trailer, what type of trailer?
 Dry Van Flatbed Reefer Dump Lowboy Hopper Tanker Container Other
3. Were DOT Logs required to be kept? YES NO
4. Please advise of any dates and details of any DOT reportable accidents or tickets – please specify number of injuries, fatalities, property damage, hazardous spills, etc.

5. Reason for separation: Discharged - Reason Resigned Layoff Military
6. Is he/she eligible for rehire? YES NO If NO, please explain.
7. Was he/she an on time and dependable employee? YES NO
8. Was his/her overall work performance satisfactory? YES NO
9. Do you know any reason why this person could not perform all of the required duties of this position?

10. Comments regarding safety habits, work ethic, skills, attitude, awards/certificates, etc.:

Name of person providing information in Section II.

Name: _____ Title: _____

Phone No.: _____ Date: _____