

Get Fresh Produce, LLC  
 1441 Brewster Creek Blvd  
 Bartlett, IL 60103  
 Phone: 630-665-9665

US DOT# 1305291  
 www.getfreshproduce.com

<b>DRIVER EMPLOYMENT APPLICATION</b>			
Name (first, middle, last)			
List all previous addresses for 3 years	Address: Street, City, State, Zip		
	Address: Street, City, State, Zip		
Phone Number		Social Security Number	
Are you legally authorized to work in the U.S.?	Yes	No	
Are you related to anyone currently working for	Yes	No	Who:
Date of Birth:			
For Human Resource Use Only		Hire Date:	
<b>DRIVER LICENSE INFORMATION</b>			
Driver License Number	State	Type	Expiration Date
<b>DRIVER EXPERIENCE</b>			
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
<b>REQUIRED QUESTIONS</b>			
Have you ever been denied a license, permit or privilege to operate a motor	Yes	No	
Has any license, permit or privilege ever been suspended or revoked?	Yes	No	
If you answered yes to any of the above 2 questions, attach a statement of explanation.			
<b>TICKETS / ACCIDENTS/ ETC.</b>			
<b>Accident Record for Past 3 Years</b>			
Date	Description	# of Injuries / Fatalities	
Date	Description	# of Injuries / Fatalities	
<b>Traffic Convictions &amp; Forfeitures for Past 3 Years</b>			
Date	Location	Charge	Penalty
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<b>EMPLOYMENT RECORD</b>			
Employer		From (M/Y)	To (M/Y)
Address: Street, City, State, Zip		Phone	Position
Reason for Leaving			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug & alcohol testing requirements of 49 CFR part 40?		Yes	No
Employer		From (M/Y)	To (M/Y)
Address: Street, City, State, Zip		Phone	Position
Reason for Leaving			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug & alcohol testing requirements of 49 CFR part 40?		Yes	No
Employer		From (M/Y)	To (M/Y)
Address: Street, City, State, Zip		Phone	Position
Reason for Leaving			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug & alcohol testing requirements of 49 CFR part 40?		Yes	No
Employer		From (M/Y)	To (M/Y)
Address: Street, City, State, Zip		Phone	Position
Reason for Leaving			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug & alcohol testing requirements of 49 CFR part 40?		Yes	No

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<b>DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)</b>						
If you were driving a Commercial Motor Vehicle, you must provide complete employment history for the past 10						
Activity During Break			From (M/Y)	To (M/Y)		
During this time I was not employed by any company or individual?			Yes	No		
Activity During Break			From (M/Y)	To (M/Y)		
During this time I was not employed by any company or individual?			Yes	No		
If employment is offered, do you intend to have any type of secondary			Yes	No		
If required, would you be willing to work:	Overtime: Yes / No	Holidays: Yes / No	Weekends: Yes / No			
Indicate days and time of the week which you are available to work:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Start Time:						
End Time:						

Authorization:

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time with or without any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matter. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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<b>ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE</b>		
Have you ever refused to be tested for drugs or alcohol?	Yes	No
Have you ever tested positive for drugs or alcohol?	Yes	No
Have you ever tested positive for any pre-employment drug or alcohol test for a	Yes	No
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.		
I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.		
Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined		
<ul style="list-style-type: none"> <li>Pre-Employment, to determine</li> <li>Random</li> <li>Reasonable Suspicion</li> <li>Post-Accident</li> <li>Follow Up (see company policy)</li> <li>Return-to-duty (see company</li> </ul>		
I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver.		
Applicant Signature	Date	
Print Name	Social Security Number	
Employer Witness		

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

The company's policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

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**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1,1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver’s license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Drivers License Number:	State:	Expiration:
Driver Signature	Date:	