



**MCENROE
LOGISTICS**
I N C O R P O R A T E D

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MICHIGAN CONTRACTOR APPLICATION

PART 1 : CONTRACTOR INFORMATION

NAME: _____
FIRST MIDDLE LAST

TODAY'S DATE: _____ **DATE OF BIRTH:** _____ **SSN:** _____

EMAIL: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **TIME FRAME:** _____ - _____
DATE FROM DATE TO

PREVIOUS ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **TIME FRAME:** _____ - _____
DATE FROM DATE TO

ARE YOU A US CITIZEN? YES NO **ARE YOU A US VETERAN?** YES NO

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? YES NO

LIST PHYSIAL IMPAIRMENTS: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE LIST WHAT TYPE AND WHEN THE FELONY OCCURED: _____

DO YOU HAVE A PASSPORT? YES NO

DO YOU HAVE A TWIC (TRANSPORTATION WORKER IDENTIFICATION CARD)? YES NO



MICHIGAN CONTRACTOR APPLICATION

PART 2 : EXPERIENCE & QUALIFICATIONS

➤ LICENSE INFORMATION

	STATE	#	TYPE	EXP.	ENDORSEMENTS
PRESENT					
PAST					

➤ DRIVING EXPERIENCE

CLASS OF EQUIPMENT	EQUIPMENT TYPE VAN, FLAT, TANK, ETC.	YEARS EXPERIENCE	APPROXIMATE NUMBER OF MILES
TRACTOR AND SEMI TRAILER			
TRACTOR AND DOUBLE TRAILERS			
OTHER			

➤ ACCIDENT RECORD FOR PAST THREE YEARS

DATE	DESCRIPTION OF ACCIDENT	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILL YES OR NO

➤ TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST THREE YEARS

DATE	LOCATION / STATE	VIOLATION	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE? YES NO

IF YES, PLEASE EXPLAIN: _____

HAS ANY LICENSE, PERMIT, OR DRIVING PRIVILEGE EVER BEEN SUSPENDED? YES NO

IF YES, PLEASE EXPLAIN: _____



MICHIGAN CONTRACTOR APPLICATION

PART 3 : TRACTOR INFORMATION

▶ **TITLED OWNERS NAME** _____

YEAR _____ **MAKE** _____ **VIN** _____

OF AXLES _____ **WHEELBASE** _____ **WEIGHT** _____

▶ **TYPE OF EQUIPMENT (SELECT ALL THAT APPLY):**

- | | |
|--|---|
| <input type="checkbox"/> FULL SLIDING 5TH WHEEL
(CENTER OF REAR AXLE) | <input type="checkbox"/> METAL BLOCKING SYSTEM FOR
FRAMELESS DUMPS |
| <input type="checkbox"/> HEADACHE RACK | <input type="checkbox"/> PINTLE HOOK |
| <input type="checkbox"/> LOAD SECUREMENT - CHAINS | <input type="checkbox"/> ELECTRIC BRAKES |
| <input type="checkbox"/> LOAD SECUREMENT - STRAPS | <input type="checkbox"/> OVER-DIMENSIONAL EQUIPMENT |
| <input type="checkbox"/> SNOW CHAINS | <input type="checkbox"/> CARB COMPLIANT |

"The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding."



MICHIGAN CONTRACTOR APPLICATION

PART 4 : PAST EMPLOYMENT HISTORY

▶ CURRENT OR MOST RECENT EMPLOYER

COMPANY NAME _____ TIME FRAME: _____ - _____
DATE FROM DATE TO

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CONTACT _____ EMAIL _____ FAX _____

POSITION HELD _____ REASON FOR LEAVING _____

SUBJECT TO FMCSR'S? YES NO DOT SAFETY SENSITIVE JOB? YES NO

▶ PAST EMPLOYER # 1

COMPANY NAME _____ TIME FRAME: _____ - _____
DATE FROM DATE TO

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CONTACT _____ EMAIL _____ FAX _____

POSITION HELD _____ REASON FOR LEAVING _____

SUBJECT TO FMCSR'S? YES NO DOT SAFETY SENSITIVE JOB? YES NO

▶ PAST EMPLOYER # 2

COMPANY NAME _____ TIME FRAME: _____ - _____
DATE FROM DATE TO

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CONTACT _____ EMAIL _____ FAX _____

POSITION HELD _____ REASON FOR LEAVING _____

SUBJECT TO FMCSR'S? YES NO DOT SAFETY SENSITIVE JOB? YES NO



MICHIGAN CONTRACTOR APPLICATION

PART 4 : PAST EMPLOYMENT HISTORY (CONTINUED)

▶ PAST EMPLOYER # 3

COMPANY NAME _____ TIME FRAME: _____ - _____
DATE FROM DATE TO

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CONTACT _____ EMAIL _____ FAX _____

POSITION HELD _____ REASON FOR LEAVING _____

SUBJECT TO FMCSR'S? YES NO DOT SAFETY SENSITIVE JOB? YES NO

▶ PAST EMPLOYER # 4

COMPANY NAME _____ TIME FRAME: _____ - _____
DATE FROM DATE TO

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CONTACT _____ EMAIL _____ FAX _____

POSITION HELD _____ REASON FOR LEAVING _____

SUBJECT TO FMCSR'S? YES NO DOT SAFETY SENSITIVE JOB? YES NO

▶ PAST EMPLOYER # 5

COMPANY NAME _____ TIME FRAME: _____ - _____
DATE FROM DATE TO

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CONTACT _____ EMAIL _____ FAX _____

POSITION HELD _____ REASON FOR LEAVING _____

SUBJECT TO FMCSR'S? YES NO DOT SAFETY SENSITIVE JOB? YES NO



MICHIGAN CONTRACTOR APPLICATION

PART 5 : RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

Disclosure and Release of Information To Be Read and Signed by Applicant

I authorize McEnroe Logistics to make such investigations and inquires of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I also understand that I am consenting to the release of safety performance information, including crash data and inspection history from previous years. I hereby authorize past employers to release information to McEnroe Logistics for the purpose of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. In the event of employment, I understand that false or misleading information found in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company. In addition, the information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: (1) review information provided by previous employers; (2) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and (3) have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been notified that this investigation may include a Consumer Report; including information regarding my character, general reputation, personal characteristics, and lifestyle.

In accordance with DOT regulation 49 CFR Part 391.23, I authorize release of my DOT-regulated drug and alcohol testing records by any DOT-regulated employer(s) to McEnroe Logistics Inc. I understand that the information/documents released pursuant to this are limited to DOT-regulated items during the previous 3 years. These items include alcohol tests with results of .04 or higher, verified positive drug tests, refusals to be tested (including adulterated and/or substituted tests), violations of any sort to DOT drug and alcohol testing regulations part 49 CFR 382 Subpart B, information obtained from previous employers of a drug and alcohol rule violation, and any documentation of completion of the return-to-duty process following a violation.

My signature below certifies that the information completed on this application was completed by me, and all entries and information provided are true and complete to the best of my knowledge.

APPLICANT SIGNATURE _____ **DATE** _____

PRINTED NAME _____



MICHIGAN CONTRACTOR APPLICATION

PART 6 : FMCSA NOTIFICATION OF DRIVER RIGHTS

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. Your Right to Know: 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. (IV) 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 to the applicant 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 fiveday deadline will begin when the requested safety performance history information is received by the prospective employer. If you have not arranged to pick up or receive the requested records within 30 days of prospective employer making them available, the prospective employer may consider you to have waived your request to review the record. Your Right to Dispute: I) Drivers wishing to request correction of erroneous information in records received from previous employers of this section just send the request for the correction to the previous employer that provided the records to the prospective employer. II) The previous employer must either correct and forward the corrected information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. III) Drivers wishing to rebut information in the records received from the previous employer must send the rebuttal to the previous employer requesting that it be included in the Driver's Safety performance history. IV) Driver may submit a rebuttal initially without a request for correction or after requesting correction.

APPLICANT SIGNATURE _____ **DATE** _____

PRINTED NAME _____



MICHIGAN CONTRACTOR APPLICATION

PART 7 : PSP DISCLOSURE

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 **MCENROE LOGISTICS, INC.** ("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 **MCENROE LOGISTICS, INC.** ("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.

Name (Please Print) _____ Signature _____ Date _____

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