

APPLICATION FOR COMMERCIAL DRIVERS

CATALYST GROUP LOGISTICS INC
2264 A LANDMEIER RD.
ELK GROVE VILLAGE, IL 60007

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

DATE: _____ DATE OF BIRTH: _____ / _____ / _____
Month Date Year

NAME: _____
Last First Middle

PHONE NO.: _____ SOCIAL SECURITY NO.: _____

CDLDRIVER'S LICENSE# _____ STATE _____ EXPIRATION DATE _____

EMAIL: _____

CURRENT ADDRESS: _____ HOW LONG? _____
STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____ HOW LONG? _____
GO BACK 3 YEARS STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____ HOW LONG? _____
STREET CITY STATE ZIP

TO BE READ AND SIGNED BY APPLICANT

CAN YOU LEGALLY BE EMPLOYED OR WORK IN THE UNITED STATES? _____

DO YOU HAVE PROOF OF AGE? _____ (REQUIRED FOR COMMERCIAL DRIVERS)

HAVE YOU EVER BEEN EMPLOYED BY OR WORKED FOR THIS COMPANY BEFORE? _____ FROM _____ TO _____

POSITION HELD? _____ RATE OF PAY? _____ REASON FOR LEAVING? _____

ARE YOU CURRENTLY EMPLOYED/WORKING? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER/CARRIER? _____

DRIVING QUALIFICATIONS

*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 9 or more passengers, OR (3) is any size and is used to transport hazardous materials in a quantity requiring placarding.

LICENSES HELD:

State: _____ License No.: _____ Type: _____ Expiration Date: _____
 State: _____ License No.: _____ Type: _____ Expiration Date: _____
 State: _____ License No.: _____ Type: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE:

Equipment Class (Please Check)	Equipment Type (Please circle)	For How Long?	Total Miles (Approx.)
Tractor & Semi- Trailer	Van, Flat, Tank, Reefer		
Tractor w/Two Trailers	Van, Flat, Tank, Reefer		
Straight Truck	Van, Flat, Tank, Reefer		
Other	Van, Flat, Tank, Reefer		

In what states have you operated in the past 3 years? _____

Have you ever had your license revoked or suspended? ___

If so, when and where? _____ Why? (Please explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Have you ever tested positive for a pre- employment or random Drug or Alcohol test in the past two years?

Yes ___ No ___

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

(If no traffic violations in the past 3 years, check this box - ☒ None)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

ACCIDENTS IN THE PAST THREE YEARS

(List most recent first- attach additional sheets if necessary)

(If no accidents in the past 3 years, check this box - ☒ None)

Date	Accident Description	Accident location	Fatalities	Injuries	Tow

EDUCATION AND TRAINING

Please provide the following information about completed education, starting with the most recent.

CDL School/University/College	Years Completed	Field of Study	Graduate?	When?

Please provide a name, address, telephone number and your relationship to a person to be contacted in case of emergency:

EMPLOYMENT HISTORY- PAST 10 YEARS

Drivers who desire to drive in interstate commerce must provide the following information on all employers during the previous three years. Start with the most recent. You must give the same information for all employers you have driven a commercial vehicle for the seven years prior to the initial three years (total of ten years employment record). Use additional sheets if necessary and please explain any employment gaps.

CURRENT OR LAST EMPLOYER/CARRIER: _____

From: ___/___/___ Phone Number: _____ Fax: _____

To: ___/___/___ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Reason(s) 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 the drug and alcohol testing requirements of 49CFR Part 40? **Yes No**

LAST EMPLOYER/CARRIER: _____

From: ___/___/___ Phone Number: _____ Fax: _____

To: ___/___/___ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Reason(s) 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 the drug and alcohol testing requirements of 49CFR Part 40? **Yes No**

LAST EMPLOYER/CARRIER: _____

From: ___/___/___ Phone Number: _____ Fax: _____

To: ___/___/___ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Reason(s) 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 the drug and alcohol testing requirements of 49CFR Part 40? **Yes No**

LAST EMPLOYER/CARRIER: _____

From: ___/___/___ Phone Number: _____ Fax: _____

To: ___/___/___ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Reason(s) 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 the drug and alcohol testing requirements of 49CFR Part 40? **Yes No**

LAST EMPLOYER/CARRIER: _____

From: ____/____/____ Phone Number: _____ Contact: _____

To: ____/____/____ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Reason(s) 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 the drug and alcohol testing requirements of 49CFR Part 40? **Yes No**

LAST EMPLOYER/CARRIER: _____

From: ____/____/____ Phone Number: _____ Fax: _____

To: ____/____/____ Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Reason(s) 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 the drug and alcohol testing requirements of 49CFR Part 40? **Yes No**

Please use the space below to explain periods of time between employers/work:

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 2, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record 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.

X _____
Applicant's Signature

X _____
Date

X _____
Print Name

MVR REQUEST FORM

I hereby authorize to **CATALYST GROUP LOGISTICS INC** check my driving record for the past three years for the purposes of investigation as required by section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

X _____
Applicant's Signature

X _____
Date

**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 with which you as a driver must comply. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Section 391.15(b)(2) 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 within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

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

Driver's Signature

Driver's Name (Printed)

Date: _____

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE/WORKER
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Prospective Employee/Worker Name: _____
(Print)

The prospective employee/worker is required by Sec. 40.25(j) to respond to the following questions:

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 two years?

Check one: Yes No

If you answered yes, can you provide/ obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

X _____
Signature:

Date: _____

**SIDE 1
SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

1. (Print Name)

First, M.I., Last

Social Security Number

hereby authorize:

Date Of Birth

Previous Employer:

E-mail:

Street:

Phone No.:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____

(date of employment application)

To

Prospective Employer:

CATALYST

Phone: 773-620-8598

Attention:

Safety Department

Street:

2264 A LANDMEIER RD

City, State, Zip:

ELK GROVE VILLAGE, IL 60007

In compliance with §40.25(g) and §391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number:

1

773-649-5638

Prospective employer's confidential e-mail address:

catalystcdl@gmail.com

X

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

**TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY**

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semi trailer

Bus Cargo Tank Doubles/Triples Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Full Name: _____

DOT ALCOHOL AND DRUG TESTING POLICY RECEIPT

I, (print Driver's name) _____,
certify that I have received, read, and understand the DOT Alcohol and Drug Testing Policy
issued by **CATALYST GROUP LOGISTICS INC**, I further accept and consent to the provisions.

I hereby accept this policy as condition of employment. I also understand that I will be required
to take and successfully pass urine controlled substance tests as a condition of employment.
I agree to comply with all the requirements of the Federal Motor Carrier Safety Regulations
Parts 382 and 40 and that failure to do so are grounds for termination of my employment.

Driver Signature: X _____ Date: _____

Witness Signature: **CATALYST GROUP LOGISTICS INC** Date: _____

SAFETY MANUAL RECEIPT

I acknowledge that I have received **CATALYST GROUP LOGISTICS INC - SAFETY MANUAL**.

I agree to read the entire document, to be responsible for the information it contains, and to
abide by all policies and instructions contained in the Safety Manual.

Driver's Printed Name: _____ Date: _____

X

Signature: _____

DRIVER RECEIPT OF HOURS OF SERVICE POLICY

INSTRUCTIONS:

CATALYST GROUP LOGISTICS INC REQUIRES EACH DRIVER TO SIGN AND CERTIFY RECEIPTS OF THE HOURS OF SERVICES POLICY

DRIVER'S CERTIFICATION:

I hereby certify that I have received the educational materials which **CATALYST GROUP LOGISTICS INC** is required to provide me in accordance, with 49 CFR, Part 395.

I acknowledge and agree that I am responsible for reading, understanding, and having the ability to ask questions or clarification concerning this Policy, and I will obey all **CATALYST GROUP LOGISTICS INC** policies and FMCSA safety regulations regarding Hours of Service and Record of Duty Status program.

I also understand that because changes in the governing federal law or regulations may occur from time to time, terms and conditions of **CATALYST GROUP LOGISTICS INC** policy may also change without **CATALYST GROUP LOGISTICS INC**. being able to give me prior notice.

Nonetheless, I agree to comply with the FMCSA safety regulations and policies regarding Hours of Service and Record of Duty Status program.

I further understand and agree that I may be subject to disciplinary action or other liability for violating FMCSA safety regulations and policies.

Driver's Printed Name:

Date:

X

Signature:

**DRIVER RECEIPT OF VEHICLE MAINTENANCE
AND INSPECTION PROCEDURES INSTRUCTIONS:**

CATALYST GROUP LOGISTICS INC (the Company) requires each driver to sign and certify receipt of the maintenance and inspection procedures.

DRIVER'S CERTIFICATION

I hereby certify that I have received the vehicle inspection, maintenance and repair requirements educational materials.

I hereby certify and acknowledge that I have read and understand the Company maintenance and inspection procedures, and agree to obey in full to this policy requirements, and 49 CFR Part 393 and 396 also as well in full.

I understand and acknowledge that any violations of the Company procedures and 49 CFR Part 393 and 396 subject me to disciplinary action(s) as defined in section 8 of this policy and liability for violating FMCSA safety regulations.

I also understand that because changes in the governing federal law or regulations may occur from time to time, terms and conditions of the Company policy may also change without **CATALYST GROUP LOGISTICS INC** being able to give me prior notice.

Driver's Printed Name:

Date:

X

Signature:

DRIVER'S ROAD TEST EXAMINATION

Driver's Name	Phone	
Driver's Address		
City	State	Zip

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

- _____ The pre-trip inspection. (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing, and parking the vehicle.

Other, explain:

Type of equipment used in giving test:

80,000 GW TRACTOR, 53" SEMI TRAILER

This is to certify that the above named driver was given a road test under supervision consisting of approximately miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

CATALYST GROUP LOGISTICS INC _____ Date:

X

Signature: _____

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e) (f) (g)).

Driver's Name _____

Type of Power Unit _____

Type of Trailer(s) _____

This is to certify that the above-named driver was given a road test under my supervision on
consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of
commercial motor vehicle listed below.

Signature of Examiner _____ Title _____

CATALYST GROUP LOGISTICS INC.
2264 A Landmeier Rd, Elk Grove Village, IL 60007

APPLICANT WRITTEN CONSENT

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment or work as an independent contractor with **CATALYST GROUP LOGISTICS INC** ("Prospective Employer"), the 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 or work 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 or work 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:

2. I authorize **CATALYST GROUP 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/worker.

3. 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.

4. 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 Commercial Motor Vehicle (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: _____

Driver Signature

Name (Please Print)

ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

 Driver's name (Last, First, Middle initial)

 Date of certification

 Driver's signature

 Motor carrier's name

 Date

ANNUAL REVIEW OF DRIVING RECORD

I have reviewed the Certification of Violations listed above and the motor vehicle record from each state in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety regulations. I find that:

- the driver meets the minimum requirements for safe driving
- the driver does not adequately meet satisfactory safe driving performance
- the driver is disqualified to drive a motor vehicle pursuant to 391.15.

Include a current copy of the driver's motor vehicle record with this review.

Action taken with driver: _____

 Reviewed by: Signature

 Title

 Date of review

By signing below, I understand that false information provided on any application or interview could result in discharge.

By signing, I certify that this application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge.

Applicant's Full Name

Date

APPLICANTS PLEASE DO NOT FILL OUT FORM BELOW

ONLY FOR INTERVIEW OFFICER

APPLICATION RESULTS

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

DATE EMPLOYED/BEGAN WORK _____

DUE TO START _____

SIGNATURE OF INTERVIEWING _____

TERMINATION OF EMPLOYMENT OR WORK

DATE TERMINATED/WORK ENDED: _____

DEPARTMENT RELEASED FROM: _____

DISMISSED _____ VOLUNTARY QUIT _____

OTHER _____

SIGNATURE OF SUPERVISOR _____

All paperwork submitted:

BOL

Receipts (fuel, maintenance, scale, washout and etc.)

Trip report

Fuel Card

Roadside inspection report (if any)

Company documents (truck binder)

If owner operators:

ALL SIGNS TRUCK SHOULD BE REMOVED (company Logo, USDOT#, MC, IFTA, NY sticker)