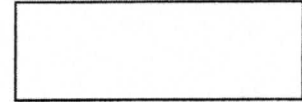


Employment Application Form

Ramco Transportation Inc.

1-855-Ramco-88

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)
 Chauffeur
Expiration date _____

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by RAMCO Transportation Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of RAMCO Transportation Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and RAMCO Transportation Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

DRIVER EMPLOYMENT APPLICATION RAMCO TRANSPORTATION INC

OFFICE USE ONLY DATE APPROVED _____

1. **NAME** _____
First Middle Last

2. **ADDRESS** _____
Street City State, Zip code

PREVIOUS ADDRESS _____
Street City State, Zip code

PREVIOUS ADDRESS _____
Street City State, Zip code

Must list all addresses for previous 3 years.

3. **PHONE** _____ **SS#** _____ **OVER AGE 24?** _____

CDL # _____ **EXP.** _____ **Date of birth** _____

4. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered yes to either of the above 2 questions, attach a statement of explanation

5. TICKETS / ACCIDENTS / ETC

Accident Record for Past 3 Years

Date	Description	# of Injuries / Fatalities
------	-------------	----------------------------

Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty
------	----------	--------	---------

6. **IN CASE OF EMERGENCY, NOTIFY:** _____ **E-Mail:** _____

.....

FOR OFFICE USE ONLY

HIRE DATE _____ EMPLOYEE NO. _____

TYPE OF DRIVER _____ IF OOE, WHICH 00 _____

PHYSICAL DATE _____ DRUG SCREEN DATE _____

ROAD TEST DATE _____ MVR DATE _____

HAZ-MAT CERTIFICATE DATE _____

List all employment during the last 3 years

DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

1. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

2. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

3. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

4. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

5. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

6. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

7. Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: (____) _____ Supervisor: _____

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 the drug & alcohol testing requirements of 49 CFR Part 40? ___ Yes ___ No

DECLARATION OF EMPLOYMENT STATUS
this refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle ore while driving a commercial motor vehicle

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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:

- Review information provided by the previous employers;
- 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
- 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.

This certifies 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.

Signature: _____ Date: _____

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, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendors of information services.

Applicant's Signature	Date
Print Name	Social Security Number
Employer Witness	Company Name

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years? ___ Yes ___ No

Have you ever tested positive for drugs or alcohol at any time in the last 2 years? ___ Yes ___ No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? ___ 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 and 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 by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

Driver's authorization

To obtain past drug alcohol test results

I, _____, understand that as a condition of qualification with _____

I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol test (including any refused to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be qualified with the Company.

Below I have listed all of the companies for which I worked as a driver, or to which applied as a driver during the past two (2) years. I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol test: (i) all positive drug test results during the past two (2) years; (ii) all alcohol test results of 0.04 or greater during the past two (2) years; (III) all alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years; (IV) all instances in which I refused to submit to a DOT required drug and/or alcohol test during the past two (2) years.

The following is a list of all of the companies which I worked as a driver, or to which I applied for work as a driver, during the past two (2) years:

<u>Company Name</u>	<u>Dates worked for / applied to</u>
_____	_____
_____	_____
_____	_____
_____	_____

Driver's certification:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past two years.

Print Name

Signature of Driver

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last Social Security Number Date of Birth

Herby authorize:
 Previous Employer: _____ Telephone: _____

Street: _____ Fax No.: _____

City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ To: _____
 (date of employment application)

Attn: _____ Phone: 855-726-2688

Prospective Employer: Ramco Transportation Inc.
 Street: 13717 S.US Rt.30 suite 14
 City, State, Zip: Plainfield IL 60544 FAX# 630-429-9402

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, letter, or email.

 Applicant's Signature

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY
 The applicant named above was employed by us. Yes No

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

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor Trailer 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 & 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: _____ Title: _____ Date: _____ Section

ANNUAL REVIEW OF DRIVING RECORD

PART A – CERTIFICATION OF VIOLATIONS

Driver Name _____

MOTOR CARRIER INSTRUCTIONS: The company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Signature _____ Date of Certification _____

Driver's license #: _____ State: _____ Exp. Date: _____

Part B – MVR (attached) Part C – Carriers Annual Review

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- () the driver meets the minimum requirements for safe driving, or
- () the driver is disqualified to drive a motor vehicle pursuant to 391.15.

Motor Carrier's Name Motor Carrier's Address

Reviewed By: Signature Title Date

**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 Ramco Transportation, 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 Ramco Transportation, 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.

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.

LAST UPDATED 12/22/2015