



Zeeland Freight Services, LLC®

2525 – 84th Avenue Zeeland, MI 49464

Phone: (800) 748-0595

Application for Employment

Application must be completed even if submitting a résumé.

Personal Information

Date _____ Name _____

Current address _____ City _____ State _____ Zip _____

Previous address (if less than 3 years at current) _____ City _____ State _____ Zip _____

Home phone # _____ Cell # _____

Email Address _____

Are you legally qualified to work in the United States? Yes No (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a crime in the last 10 years (excluding a minor traffic violation)? Yes No (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) If yes, briefly explain

Are you at least 21 years of age? Yes No (If not, you may be required to provide authorization to work.)

How did you hear about us? _____ Referred by _____

Position applied for _____ Date available for work _____

Can you perform the essential functions of the position for which you are applying? Yes No (If you have any question as to what functions are applicable, please ask interviewer.) If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

Rate of pay desired _____ Hours desired Full-time Part-time Temporary

Have you worked for Zeeland Freight Services, LLC® before? Yes No If yes, when? _____

Education

	Name and Location	Last Year Attended	Subject/Major	Did You Graduate?
High School		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Provide 10 years of employment history (add another sheet if needed).

Current or last employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time Part-time

Contact person _____ Phone # _____ Fax # _____

Reason for leaving _____ May we contact? Yes No

While employed, were you subject to FMCSA Regulations? Yes No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
Reason for leaving _____ May we contact? Yes No
While employed, were you subject to FMCSA Regulations? Yes No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
Address _____ City _____ State _____ Zip _____
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Address _____ City _____ State _____ Zip _____
Position held _____ Wage _____ Full-time Part-time
Contact person _____ Phone # _____ Fax # _____
Reason for leaving _____ May we contact? Yes No
While employed, were you subject to FMCSA Regulations? Yes No
Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Explain any gaps in work history _____

Have you been discharged or asked to resign from a job? Yes No If yes, explain _____

List any other experience, skills, or qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment _____

State any other information you feel may be helpful to us in considering your application _____

Commercial Driver's License Information

Driver's license # _____ Class (A, B, C) _____ Endorsements _____ Issuing state _____
 Driver's license # _____ Class (A, B, C) _____ Endorsements _____ Issuing state _____
 Expiration date _____ Date of birth _____ Social security # _____

Years of driving experience _____ Do you have full knowledge of FMCSA Regulations? Yes No
 In the last 3 years have you 1) tested positive or 2) refused to test for any pre-employment drug or alcohol test administered by an employer that you applied to, but did not obtain safety-sensitive transportation work?

Yes No

List all traffic violations in the past 3 years that resulted in a conviction or a guilty plea (other than parking violations)

How many accidents have you had in the last 3 years? _____ Who's fault? Mine Other driver(s)
 Briefly describe _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, explain _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, explain _____

List your driving experience in the table below.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor and Dump Trailer				
Tractor and Two Trailers				
Motor Coach - School Bus				
Other (List):				

Personal References

List three individuals not related to you and not previously listed whom you have known for at least one year. We will assume we have permission to contact them unless you indicate to the contrary.

Name	Address	Telephone	Occupation

Fair Credit Reporting Act Notice and Authorization

Notice

In order for Zeeland Freight Services, LLC. or its affiliated entity ("ZFS") to evaluate you for possible employment, and if you are hired to make future decisions concerning your employment, ZFS may from time to time obtain a consumer report about you. The initial report will be requested from GlobalHR Research a consumer reporting agency and may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal background, work background, personal characteristics or mode of living.

Authorization

I hereby authorize ZFS from time to time to obtain a consumer report about me for employment purposes. I understand that if my application is denied on the basis of information contained in a consumer report or if an adverse action is taken against me regarding my employment based on information contained in a consumer report, ZFS will provide me with a copy of the report and a description of my rights under the Fair Credit Reporting Act.

Date _____

Signature _____

Print Name _____

Social Security Number _____

Zeeland Freight Services, LLC® is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Request for Information from Previous Employer

I hereby authorize you to release the following information to ZEELAND FREIGHT SERVICES, LLC.® for purposes of investigation as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. You have the right to review the information obtained from previous employers, to correct errors in that information, and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous information. If the driver chooses to submit a rebuttal, the previous employer has five days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history.

Applicant Signature

Date

Past Employment Information

Company name _____

Applicant's name _____ Social Security # _____

Employment dates _____ to _____ Position held _____

What did he/she operate? Straight truck Tractor/trailer Tractor/dump trailer Other

Type of driving Local Over-the-road Was he/she a safe and efficient driver? Yes No

Did he/she have any accidents while working for you? Yes No If yes, describe briefly _____

Reason for leaving employer? Discharged Resignation Layoff Other

Was his/her conduct satisfactory? Yes No If no, please explain _____

Did he/she get along with co-workers? Yes No With supervisors? Yes No

Did this driver have log problems? Yes No Late deliveries? Yes No

Would you rehire this driver? Yes No Upon review If no, why not? _____

While employed, was he/she subject to FMCSA Regulations? Yes No

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

Past Drug/Alcohol Results

1. Has this person tested positive for a controlled substance in the last three years? Yes No

2. Has he/she had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years? Yes No

3. Has he/she refused a required drug or alcohol test in the last three years (including verified adulterated or substituted drug test results)? Yes No

4. Has he/she violated any other DOT drug/alcohol regulation? Yes No

5. Have you received verification from any previous employers of this person that he/she violated DOT drug and/or alcohol regulations? Yes No If yes, see below

If you answered yes to questions 1-4, please list the SAP (Substance Abuse Professional) for further reference.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

If you answered yes to question 5, list past employer's name and phone number and which regulation was violated.

Name _____ Phone _____

Regulation violated _____

Signature _____ Print name _____

Title _____ Date _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department Of Transportation's regulations and may result in a fine and/or civil liability.

Zeeland Freight Services, LLC® is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:
Company Name: ZEELAND FREIGHT SERVICES LLC
Company Contact Name: DIANA SMITH
Fax #: (616) 748-3920
HireRight Account Code: ZEELA

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and v(i) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____
 Applicant Signature: _____ Date: _____

Part 2 - 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. 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. (2) 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 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 five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

*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 Zeeland Freight Services, LLC[®] (“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 Zeeland Freight Services, LLC® (“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

Signature _____ Date: _____

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.



Voluntary Self-Identification

(Confidential — For Statistical Use Only)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for equal employment opportunity record keeping. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This information will be maintained separate from your application for employment.

Date: _____ Position Applied For: _____

Name: _____

Gender: Male Female

Ethnic Group

Please check the description with which you most identify.

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, South east Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America,) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) — All persons who identify with more than one of the above races.

ZFS, LLC.® IS AN EQUAL OPPORTUNITY EMPLOYER