


Company:	ACME ADVANCED LOGISTICS LLC 39B Three Way Lane Humboldt, TN. 38343	
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Driver Cell Phone:

Applicant Name	SSN:
Current Address: City: St. Zip	Date of Birth:

Residence Past 3 Years			
Address:			
City: St. Zip			How Long?
Address:			
City: St. Zip			How Long?
Address:			
City: St. Zip			How Long?

Experience and Qualifications - Driver
Make a Photo Copy of the Driver's License and Medical Certificate!!!
Applicant list the states and license numbers of all licenses held in the past 3 years.

State	License #	Expiration Date	Class A,B,	Endorsements

Equipment Class	Driving Experience		Approx # of Miles Total
	Type of Equipment - Van, Flat Truck, etc.	Dates From To	
Straight Truck			
Tractor Semi Trailer			
Tractor with Doubles			
Tractor with Triples			
Tractor with Tank			
Other			

Accidents/Crashes for the past 3 years or more			
Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Driver Application

Moving Traffic Convictions and Forfeitures for the past 3 years			
Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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

B. Has any license, permit, or privilege ever been revoked?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

If yes, please attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License(CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such testing? Yes No

Employment Record	
All for the past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____	
Position Held: _____	From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	
Reason For Leaving: _____	
Last Employer: _____	
Position Held: _____	From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	
Reason For Leaving: _____	
Last Employer: _____	
Position Held: _____	From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	
Reason For Leaving: _____	
Last Employer: _____	
Position Held: _____	From: _____ To: _____
Address: _____	City: _____ ST: _____
Telephone #: _____	
Reason For Leaving: _____	

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

X _____ Date _____

**Request for Information
From Previous Employer**

From: **Acme Advanced Logistics, LLC** Phone # 731-414-0845

Fax# _____

To: _____ Date: _____

X _____ X Soc. Sec. No. _____

is attempting to qualify as a driver under DOT Regulations and states that he/she was employed by you as a

_____ from _____ to _____
(Position worked at your company) (Date Started) (Date left your company)

Will you kindly reply to the inquiries below. Your reply will be held in strict confidence.

1. Are dates of employment with your company correct as stated above? Yes ___ No ___
If not, please provide correct dates: _____
2. Please describe type of work: Single driver operation: _____ Team driver operation _____
Long haul _____ Short Haul _____ Local _____ Other _____
3. What type tractor? Diesel Tandem _____ Other _____
4. What type trailer? Flat _____ Van _____ Drop _____ Reefer _____ Other _____
5. What type of cargo? _____
6. Please describe accident experience for the last 3 years. Please attach additional sheet if needed.

7. Please describe cargo damage experience. _____
8. Any compensation for personal injuries? _____
9. License State ___ License No, _____ Class ___ Endorsements ___ Expiration Date _____
10. Was driver's license suspended or revoked while in your employ? Yes ___ No ___
11. Per Federal Motor Carrier Safety Regulations Part 40.25(a), the following questions are required to be asked of former employers upon presentation of a written release from the prospective driver:
 - A. Has this person ever tested positive for a controlled substance in the last three (3) years?
Yes ___ No ___
 - B. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three (3) years?
Yes ___ No ___
 - C. Has this person refused a test for drugs or alcohol in the past three (3) years?
Yes ___ No ___
 - D. Has this person violated any other DOT agency drug and alcohol testing regulation in the last three (3) years?
Yes ___ No ___
 - E. If any of the above questions (A-D) is answered with a yes, please furnish documentation indicating successful completion of DOT return to duty requirements.
12. Reason for leaving your Employ: Laid off _____ Resigned _____ Discharged _____
Other _____
13. Were trips D.O.T regulated? Yes ___ No ___ Your DOT # _____
14. Were daily logs prepared? Yes ___ No ___
15. Would he/she be eligible for rehire? Yes ___ No ___
16. Where was he/she employed before coming to you? _____

General Comments: _____

Date _____ Time _____ By _____

(Signature of person giving information & title)

Bullion Consulting Services

P.O. Box 201

I hereby authorize you to release the requested information to _____
for the purposes of investigation as required by Parts 391.23 and 40.25(a) of the Federal Motor Carrier Safety Regulations.

X Date: _____ X Applicant's Signature _____

Obion, TN 38240

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 of conviction	Offense
Location	Type of Motor 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 required to be listed during the past 12 months.	
(Date of Certification)	(Driver' Signature)
ACME ADVANCED LOGISTICS, LLC	
(Motor carrier's name)	
39B Three Way Lane Humboldt, TN 38343	
(Motor carrier's address)	
	Safety Director
(Reviewed by: Signature)	(Title)

§391.27 Record of violations

Driver's Certification

Release and Documentation of Pre-employment Testing Information by Applicant/Driver Required by Part 40.25(j).

Part 40.25(j) requires Employers to ask Applicant/Driver whether he/she tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug rules during the past two(2) years.

X Name: _____ X Date: _____

X Social Security #: _____

Applicant/Driver to answer items listed below.

During the past two (2) years, have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation(DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past two (2) years, have you **refused to test** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation(DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

X Date: _____ X Name (Printed): _____

X Signature of Applicant/Driver _____

Witness _____

Record keeping requirements: If "Yes" to either question- 5 year retention

If "No" to either question- discard after employment terminates.

Pre-Employment Urinalysis and Breath Analysis Consent Form

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants of this employer must be tested for

Types of Testing

Copy to Driver

CONTROLLED SUBSTANCES AND ALCOHOL TESTING POLICY.

Company Acme Advanced Logistics, LLC

Add 39B Three Way Lane

PHO: 731-414-0845

City, ST, ZIP Humboldt, TN 38343

This policy follows Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382 (attached).

If you have questions about this controlled substances and alcohol testing contact Tony Bullion, the designated company official to answer questions.

731-536-1196

All drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) are subject to controlled substances and alcohol testing.

The definition of driver Safety Sensitive Function is found in 49 CFR Section 382.107 (attached). Safety sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work.

Safety sensitive function shall include:

(1) All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer;

(2) All time inspecting equipment as required by § 392.7 and § 392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;

(3) All time spent at the driving controls of a commercial motor vehicle in operation;

(4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of § 393.76 of this subchapter);

(5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and

(6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances, and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer, If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

X _____

(Applicant's Name - print)

X ____ / ____ / ____

(Month) (Day) (Year)

X _____

(Applicant's Signature)

Driver conduct that is prohibited is found in 49 CFR Part 382 Subpart B (attached).

§382.201 No driver shall report for duty requiring the performance of a safety sensitive function with an alcohol concentration of 0.04 or greater.

§382.205 No driver shall use alcohol while performing a safety sensitive function.

Types of Testing

§382.207 No driver shall perform a safety sensitive function within 4 hours after using alcohol.

§382.207 No driver required to take a post accident alcohol test under 49 CFR §382.209 shall use alcohol for 8 hours following the accident.

§382.211 No driver shall refuse to submit to any required alcohol or controlled substances test.

§382.213 No driver shall report for duty requiring the performance of a safety sensitive function when the driver uses controlled substances, except when the use is pursuant to the instructions of a licensed medical practitioner, as defined in 49 CFR §382.107. This must not interfere with the driver's ability to perform a safety sensitive function.

§382.215 No driver shall report for duty or remain on duty requiring the performance of a safety sensitive function, if the driver tests positive for controlled substances.

The circumstances in which the driver will be tested are incorporated and found in 49 CFR Part 382 Subpart C (attached).

§382.301 Pre-employment testing;

§382.307 Reasonable Suspicion testing

§382.303 Post Accident testing;

§382.309 Return to duty testing;

§382.305 Random testing, per the prevailing rate as required by U.S. DOT;

§382.311 Follow up testing;

All definitions, regulations, and procedures used to test for controlled substances and alcohol in order to protect the integrity of the testing process, safeguard test validity, and insure results are attributed to correct driver are found in 49 CFR Parts 40 and 382. They are incorporated into this policy and are attached.

All CDL drivers who drive CMV's are required to submit to alcohol and controlled substances testing.

Refusal to submit to an alcohol or controlled substances test is defined in 49 CFR §382.107 (attached).

Refuse to submit (to an alcohol or controlled substance test) means that the driver:

1. Fail to appear for any test (except a Pre-employment test) within a reasonable time, as determined by

the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer. This includes the failure of an employee (including an owner operator) to appear for a test when called by a C/TPA;

2. Fail to remain at the testing site until the testing proceeds is complete. Provided, that an employee who leaves the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test;

3. Fail to provide a urine specimen for any drug test required by this part or DOT agency regulations. Provided, that an employee who does not provide a urine specimen, because he or she has left the testing site before the testing process commences on a pre-employment test is not deemed to have refused to test;

4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of a specimen;

5. Fail to provide a sufficient amount of urine when directed, and it has been determined that there was no adequate medical explanation for the failure;

6. Fail or declines to take a second test the employer or the collector has directed the driver to take;

7. Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER under 49 CFR 40.193(d). In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

8. Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or

9. Is reported by the MRO as having a verified adulterated or substituted test result.

Note: In reference to item 1 for the FMCSA immediate means that the employer shall ensure that the driver ceases to perform the safety sensitive function and proceeds to the testing site as soon as possible.

The consequences for violators of Subpart B are incorporated and found in 49 CFR Part 382 Subpart E (attached).

1. All CDL drivers will be removed from any safety sensitive position.

2. The driver must see a Substance Abuse Professional to ever drive again, anywhere.

3. The driver must take a Return To Duty test with a Negative result and/or an Alcohol test with results below .02.

The consequences for CDL drivers tested for Alcohol with results at .02 but below .04 are the driver will be removed from safety sensitive position for 24 hours. 49 CFR Section 382.505(a) (attached).

Information concerning the effects of drug use and alcohol abuse is attached.

Company Policy

Any driver that violates 49 CFR Part 382 Subpart B shall be terminated for cause.

List of Substance Abuse Professionals

On file at Bullion Consulting Services

731-536-1196

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Retain to File

ACME ADVANCED LOGISTICS, LLC.

This is to verify that I have received a copy of the company Alcohol and Controlled Substances policy.

CDL Driver Signature	Date

Bullion Consulting Service

Fax #: 731 536-1198

Drivers Hiring or Dismissal Form

Company Name

ACME ADVANCED LOGISTICS, LLC

Date Hired

Dismissal Date

Driver Name

Driver's SSN:

Driver's License #

State

-----Circle All That Apply-----

Owner Operator

Lease Driver

Company Driver

Discharged

Quit

Laid Off

Work Record: Satisfactory

Outstanding

No Show

Quit Under Dispatch

Other

Eligible for Rehire: Yes

No

Upon Review

Accidents

Form Completed By

Title

Date