

Rushco Services, Inc.
North Oxford, Massachusetts
34 Years of Transportation Excellence
1979 – 2013

Job Description: *Over-the-road class A driver*

Area of Coverage: *The 48 Contiguous United States and all the Canadian Provinces*

- Primary coverage area is east of Mississippi down thru Texas and East Coast

Trip Duration: *Generally our drivers are out for 3-7 days, on trips to the west coast two week turn arounds are common*

Payroll: *Percentage of the Gross based upon the following invoiced amounts;*

- Line Haul Transportation
- Over Dimension Charge
- Dead Head Charge
- Waiting Time

Benefits: *Rushco provides all its employees, after 30 day waiting period, the following benefits*

- Company Paid Health Insurance for the employee
- Company assistance with the spousal or family portion of the Health insurance premium
- Dental Insurance coverage available with Company premium assistance
- Participation in Company's 401k profit sharing plan with a partial matching contribution
- Company paid Life Insurance Policy
- Company paid Short and Long Term Disability coverage
- Company paid vacation time; After 1 year fulltime service – 1 Week, After 5 years – 2 Weeks

On The Road Benefits: *Rushco provides all its drivers with the following additional benefits*

- Company assigned tractor
- Daily Per Diem of \$ 20.00 when on the road away from the terminal
- Advance program while on the road
- Weekly settlement of all advance monies and authorized receipts with payroll
- Direct payroll deposit is available
- Monthly reimbursement for your cell phone use, currently \$ 40.00 per month
- Credit card fueling

Rushco Driver Statistics: *In 2011 our company fleet averaged the following statistics*

- Average annual Rushco driving mileage in 2012 ranged from 68,000 to 89,000
- Our driver's nights, on the road, 2012 ranged from 126 to 169
- Our drivers gross pay in 2011 ranged from \$55,800 to \$67,500
- Our average per mile gross compensation, for all miles driven, in 2012 was \$.72

Guidelines for completing Rushco Services Employment Application

- Please read these instructions before proceeding with the application
- Answer ALL applicable questions completely, if a question does not apply to you write "N/A"

Page 1 & 2

- Fill in ALL information requested

Page 3

- (A) Provide information on ALL moving violations other than parking violations as requested
- (B) Provide requested information for your CURRENT EMPLOYER
- (C) Provide information on all employment during the past 10 years – answer all portions completely
List with recent (after your current employer to oldest - **DO NOT LEAVE ANY DATE GAPS** – If unemployed or Self Employed so indicate with the dates

Page 4

- Continue with employment history if necessary and SIGN & DATE APPLICATION

Page 5

- Federal DOT PSP Background Report Authorization - Date, Sign and fill in your name where indicated

Page 6

- Authorization for Rushco to do a background investigation on you - Date, Sign and fill in your name where indicated

Page 7

- Your release allowing past employers to provide drug testing information on you – Fill in information requested for ALL employers you worked for during the past 3 years - Date, Sign and fill in your name & SSN where indicated

Page 8

- Fill in information requested in SECTION 1 ONLY Listing all employers in past 3 years

Questions ?? Call (508) 892-7680

Return Application via mail to: Rushco Services, Inc. **via Fax:** (508) 892-8388 **email:** info@rushcoservices.com
196 Leicester Street
North Oxford, MA 01537-1000

Rushco Services, Inc.
Carrier Name
196 Leicester Street, North Oxford, MA 01537-1000
Carrier Address

DRIVER QUALIFICATION FORM

NAME _____
(First) (Middle) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____ **Years** _____ **Months**

DATE OF BIRTH _____ **SSN** _____

TELEPHONE # _____ **CELL PHONE #** _____

Have you ever been employed by this company in the past? Yes No
If yes, please explain _____

Have you ever been convicted of a Felony? Yes No
If yes, please explain _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver Notification

In accordance with 49 CFR Part 391.23(i) each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- 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 the prospective employer;
- 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.

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever 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?

Yes No

Applicant's Name _____

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)

CURRENT DRIVERS LICENSE

(State)	(License No.)	(Class)	(Expiration Date)
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Current Drivers License Endorsements: _____

DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State)	(License No.)	(Class)	(Expiration Date)
(State)	(License No.)	(Class)	(Expiration Date)

Have you ever had your license, permit or driving privileges suspended or revoked? Yes No
If yes, please explain _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol? Yes No
If yes, please explain _____

Have you failed any DOT required alcohol and/or drug testing, including pre-employment? Yes No
If yes, please explain _____

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Class A CDL Experience: _____
(# of Years & Months Operated)

Class B CDL Experience: _____
(# of Years & Months Operated)

Class B CDL Experience: _____
(Passenger Vehicles) (# of Years & Months Operated)

Types of Trailers Transported/Operated

Dry Van: <input type="checkbox"/>	Reefer: <input type="checkbox"/>	Flatbed: <input type="checkbox"/>	Double/Triples: <input type="checkbox"/>	Tanker: <input type="checkbox"/>
Pneumatic: <input type="checkbox"/>	Dump Trailer: <input type="checkbox"/>	Hopper: <input type="checkbox"/>	Intermodal: <input type="checkbox"/>	Auto Hauler: <input type="checkbox"/>
Specialized: <input type="checkbox"/>	Hot Shot: <input type="checkbox"/>	Other (please list): _____		

MOTOR VEHICLE ACCIDENTS FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

Date	Description of the Accident	Towed Yes/No	# of Injuries	# of Fatalities

Applicant's Name _____

(A) VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS
(please do not list parking violations - attach a separate sheet if more space is needed)

_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)
_____ (Violation)	_____ (Date of Violation)	_____ (Violation)	_____ (Date of Violation)

(B) Current Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

➔ **May we contact your current employer?** Yes _____ No _____

Are you currently working for any other employers than listed above, full time or part time? Yes No
If yes, please explain _____

(C) Past Employment or Lease Record
(List ALL past employment and leasing for the last 3 years and ALL DOT regulated past employment and leasing for the past 10 years)

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Applicant's Name _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

****If needed, please add additional past employers on a separate sheet**

In Case of Emergency Please Contact:

Name _____ Relationship _____ Telephone No. _____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed or leased, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment or lease as may be necessary in arriving at a decision.

Applicant's Signature

Date of Application

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with Rushco Services, 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Rushco Services, 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 consenting to 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.

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 am challenging 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. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read and understand this disclosure and authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent Contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents; law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle record agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on an in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on behalf of the company.

California, Minnesota or Oklahoma applicants only; Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name: _____ First: _____ Middle _____

Applicant's Signature: _____ Date: _____



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

Send to Fax# (800) 257-8069

7

HireRight Customer:

Company Name: RUSHCO SERVICES, INC.

Company Contact Name: BUZ REUSCH

Fax #: 508 892 8388

HireRight Account Code: RUSHC

**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 (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

8

Request and Consent for Information From Previous Employer on ALCOHOL TESTING, DRUG TESTING AND VEHICLE ACCIDENT HISTORY

The Department of Transportation (DOT) regulations require DOT-regulated employers to obtain from a driver's previous DOT-regulated employers, both drug and alcohol testing information and vehicle accident information. If you are a previous employer from whom such information is now requested, you must, after reviewing the driver's specific, written consent below in Section 1, promptly release the requested information to the employer (or its designated representative identified below) making the inquiry.

SECTION 1: TO BE COMPLETED BY THE DRIVER

Print Full Name (First, MI, Last) _____
Social Security Number

Signature _____
Date

I hereby authorize the following employers to release and forward all information and records on my DOT alcohol and drug testing and vehicle accident records to HireRight, Inc.

SECTION 2: TO BE COMPLETED BY THE PREVIOUS EMPLOYER

- A. Drug and Alcohol Testing Record.
 - 1. In the three years prior to the date of the driver's signature above, did this person have a verified positive DOT-regulated drug test? YES NO
 - 2. In the three years prior to the date of the driver's signature above, did this person have a DOT-regulated alcohol test with a result of 0.04 or higher? YES NO
 - 3. In the three years prior to the date of the driver's signature above, did this person refuse to be tested on a DOT-regulated drug or alcohol test (including verified adulterated or substituted drug test results)? YES NO
 - 4. In the three years prior to the date of the driver's signature above, did this person have any other violations of DOT agency drug and alcohol testing regulations? YES NO
 - 5. Did a previous employer of this person report a violation of DOT agency drug and alcohol testing regulations to you? YES NO
 - a. If YES, provide the previous employer's report.
 - 6. If you answered YES to any of the above items 1-5, did this person complete the return to duty process requirements? YES NO DON'T KNOW
 - a. If YES, provide appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).
 - 7. If this person successfully completed a Substance Abuse Professional's (SAP's) rehabilitation program referral, did this person later have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested (including verified adulterated or substituted drug test results)? YES NO