



Application for Employment – Commercial Driver

Equal Opportunity Employer

Elite HR Logistics is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, sexual orientation, national origin, disability or handicap, or veteran status. We comply with all Federal, State, and Local laws concerning discrimination in employment.

Position(s) Applied for: _____ Date of Application: ___/___/___

Name: _____
(Last) (First) (Middle)

Nickname or other names you have used while working: _____

Street Address: _____ Apt./Unit No.: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt./Unit No.: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____ Cell Provider: _____

Email Address: _____

Emergency Contact: _____
(Name) (Relationship) (Contact Number)

Social Security #: _____ - _____ - _____ Date of Birth: ___/___/___

Have you ever been employed by Elite HR Logistics Before? Yes No

If yes, please give date and positions: _____

Can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this county? Yes No

Are you telephone accessible? Yes No

Are you willing to take a drug screen according to our policy? Yes No

Will you release your background information inclusive of criminal records? Yes No

What areas are you willing to work? _____

(Print Name) (Applicant Signature) (Date)

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.
*The ability to be bonded is a condition of hire: A photograph and a copy of your fingerprints may be required as part of our requirement during your employment.



PRE-EMPLOYMENT BACKGROUND INVESTIGATION RELEASE

In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from California Drug Testing Associates (CDTA, 1011 Camino Del Rio South, Suite 200, San Diego, CA 92108, Phone Number: 888-908-2382. These reports will include information as to my character, work habits, performance and experience of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records.

Please Print Clearly

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Current Address

City

State

Zip Code

Driver's License Number

State

____/____/____
Date of Birth*

Social Security Number

*Date of Birth is being requested in order to obtain accurate retrieval of records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Applicant Signature

Print Name

Date

NOTICE TO DRIVERS AND DRIVER'S CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK NOTICE TO DRIVERS

In accordance with Section 395.2 of the Federal Motor Carrier Safety Regulation, Title 49 of the Code of Federal Regulations, as amended in a Final Rule issued on October 23, 1987 (53 Fed, Reg, 41717), carriers and drivers are to include as "on-duty time" the time a driver spends: "performing any compensated work for any non-motor carrier entity."

DRIVER'S CERTIFICATION OF NONMOTORE CARRIER COMPENSATED WORK:

I hereby certify that I have read the foregoing "Notice to Drivers" and understand that any time I spend performing any compensated work for a non-motor carrier entity must be included as "on-duty time" under the federal hours of service regulation.

I further certify that: (Check appropriated box)

- Currently I am NOT performing any compensated work for any motor carrier entity: In the event I do perform work for any non-motor carrier entity for which I have been or will be compensated, that I will immediately notify Elite HR Logistics, Inc. that such work has been or will be preformed and will provide details on the nature of that work.
- I AM performing work for a motor carrier entity for which I am being or will be compensated and have or will provide details about the nature of that work to _____.

(Applicant Signature)

(Print Name)

(Date)



WORK EXPERIENCE

List all current and previous employment for a minimum of ten (10) years beginning with your most recent employer. Account for all periods of unemployment. Include military service and any volunteer service that is relevant to the position for which you are applying. Do not mark "See Resume".

Are you currently employed? Yes No If "Yes", may we contact your current employer? Yes No

1.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
2.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
3.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
4.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
5.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				
6.	FROM	TO	EMPLOYER	PHONE
JOB TITLE		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE			WERE YOU SUBJECTED TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES				
REASON FOR LEAVING				



AVAILABILITY

How were you referred to our company? _____

Date you are available for work: ____/____/____ **Salary Rate:** Minimum \$_____/Hr **Desired:** \$_____/Hr

Type of employment accepted: Full Time Part Time Temporary Temp to Hire Direct Hire On-Call

Hours available to work:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BEGINNING TIME							
ENDING TIME							

Commercial Driving Experience: _____ years

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

Do you have any relatives employed with this company? Yes No

If yes, please list their names and positions: _____

EXPERIENCE AND QUALIFICATIONS

Attach separate sheet if more space is need

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School Bus (+8)	N/A	_____	_____		_____
Motorcoach – School Bus (+15)	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____		_____

Applicant Certification

This certifies that 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.

Applicant's Signature

Date



DRIVER SKILL EVALUATION SHEET

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

Are you familiar with the Federal Motor Carrier (FMC) Safety Regulations? Yes No

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

Do you know how to maintain a driver's log? Yes No

Do you have doubles experience? Yes No How much? _____

Do you have harbor experience? Yes No How much? _____

Will you unload your own truck? Yes No What Size trailers have you pulled? _____

Have you ever operated a hostler? Yes No Have you ever been road tested? Yes No

Do you have your own Map Books or GPS? Yes No What counties? _____

Can you operate a refrigerated unit (reefer)? Yes No Have you ever hauled perishables? Yes No

Have you done any line driving or long haul? Yes No How much? _____

Have you worked as a team driver? Yes No How much? _____

Long Haul Drivers: Did you have multiple stops or drops? Yes No How much? _____

Local Drivers: How many stops or drops a day did you have? _____

What endorsements do you possess? _____ If Haz-Mat, are you familiar with placards? Yes No

SKILL	EXPERIENCE	SKILL	EXPERIENCE
<input type="checkbox"/> Bus Driver		<input type="checkbox"/> Doubles	
<input type="checkbox"/> Chauffeur		<input type="checkbox"/> Flatbed	
<input type="checkbox"/> Hostler		<input type="checkbox"/> Hazardous Materials	
<input type="checkbox"/> Bobtail - Class B		<input type="checkbox"/> Map Books/GPS	
<input type="checkbox"/> Dump Truck-Class A		<input type="checkbox"/> Perishables	
<input type="checkbox"/> Semi – Class A		<input type="checkbox"/> Refrigerated Unit	
<input type="checkbox"/> Tanker – Class A		<input type="checkbox"/> DMV (Clean)	
<input type="checkbox"/> Van Driver		<input type="checkbox"/> DMV (Minor Violation)	
<input type="checkbox"/> Chaining/Strapping		<input type="checkbox"/> DMV (Major Violation)	
<input type="checkbox"/> Tie Down Ropes		<input type="checkbox"/> DMV (Needed)	

(Applicant Signature)

(Print Name)

(Date)



**FACTS ABOUT SEXUAL HARASSMENT
(THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION)**

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- *The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.*
- *The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.*
- *The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.*
- *Unlawful sexual harassment may occur without economic injury to or discharge of the victim.*
- *The harasser's conduct must be unwelcome.*

It is helpful for the victim to directly inform the harasser that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Prevention is the best tool to eliminate sexual harassment in the workplace. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated. They can do so by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

By signing this document, Elite HR Logistics has provided you with information regarding harassment in the work place.

(Applicant Signature)

(Print Name)

(Date)

PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL INQUIRIES

Applicants Name: _____

By signing below I attest that I:

- I HAVE NOT TESTED POSITIVE, or refused to test, on any previous drug and/or alcohol test administered by any previous or potential employer while performing a safety sensitive position or function as defined by the DOT.*
- I TESTED POSITIVE, or refused to test, on a previous drug and/or alcohol test administered by any previous or potential employer while performing a safety sensitive position or function as defined by the DOT.*

(Applicant Signature)

(Print Name)

(Date)



APPLICANT: PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

By signing below, I authorize Elite HR Logistics and assigned agents to thoroughly investigate my background, criminal record history, references, employment history, drug and alcohol information, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure. Lastly, I hereby grant Elite HR Logistics my permission to release my medical and background investigation information to any interested employer without notice.

I acknowledge that any employment offered by the employer has no specified term and may be terminated by the employer or the employee at will with or without cause. I further acknowledge that this at will statement is not alterable except by a written agreement signed by the company president and myself.

In compliance with Federal regulations, the Company requires each applicant upon hire to submit verification of identity and employment authorization to work in the United States. Original, authentic documentation is mandatory. If hired, I can submit original authentic documents that will verify my identity and demonstrate my employment authorization to work in the United States of America. I understand that the use of fraudulent documentation or documents that were lawfully issued to another person may result in a fine or imprisonment of up to five (5) years, or both. Use of altered cards or fraudulent cards is grounds for termination.

Our company is an Equal Employment Opportunity Employer, which prohibits discrimination against any employee or applicant for employment because of race, color, religion, sexual orientation, age, handicap or status as a disabled veteran or veteran of the Vietnam War.

I certify that this application was completed by me and that all entries on it and information documented by the applicant are true and complete to the best of my knowledge. I have not knowingly withheld any information that may adversely affect my chances for employment. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure the employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery.

I HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS UPON WHICH THIS OFFER OF EMPLOYMENT IS MADE.

(Applicant Signature)

(Print Name)

(Date)



DRUG TESTING ASSOCIATES

EMPLOYEE CONSENT FOR SUBMISSION B.A.T AND/OR URINALYSIS COLLECTION, TESTING, AND RELEASE OF INFORMATION FORM.

ELITE HR LOGISTICS, INC has requested that I provide urine and/or breathe sample and consent to the testing of said urine and/or breathe for the presence of drugs and/or alcohol.

As a condition of employment, I _____ agree to provide urine and/or breath specimen(s) and agree that it may be tested for drugs and/or alcohol.

1. I authorize California Drug Testing associates (Collection Facility) and Quest (Laboratory) to determine the presence and/or level of said drugs in the body fluid(s) specimen(s) provided by me.
2. I further give my consent to ELITE HR LOGISTICS, INC to release to its designated agent(s) the results of any laboratory tests performed by Quest (Laboratory) to determine the presence and/or level of said drugs in the body fluid(s) specimen(s) provided by me.
3. I realize that if drugs and/or alcohol are found to be present in my body fluid(s) or breath, such findings will result in action up to and including termination.
4. I realize that if I refuse to provide a body fluid specimen(s) or breath analysis and/or refuse to consent to it's testing for drugs and/or alcohol, my continued employment will be subject to action up to and including termination.
5. I agree to hold harmless the collection facility, the laboratory, all physicians, employees and agents who work or perform services for the above organizations from any actions that may arise out of such test results being divulged to ELITE HR LOGISTICS, INC or it's designated agent(s).

(Applicant Signature)

(SSN)

(Date)

(Recruiter Signature)

(Date)

EMPLOYEE SUBSTANCE ABUSE POLICY

The policy of the Company is to maintain a drug and alcohol free work environment that is safe and productive for our employees and others having business with our Company. To meet these objectives, the following policy has been adopted.

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs while on Company or Client premises or while performing services for our Company or Client is strictly prohibited. The Company also prohibits reporting to work or performing services while impaired by the use of alcohol or consuming alcohol while on duty.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

- | | |
|------------------------|---|
| Pre-Employment: | As may be required/requested by our Company or clients. |
| For Cause: | Upon reasonable cause to believe that a substance abuse problem exists, testing may be conducted. |
| Random: | Unannounced random selection of employees may be performed. |
| Post Accident: | Any employee involved in an accident/injury while performing services for our Company or client that results in property damage or bodily injury requiring medical treatment will be required to submit to a substance abuse screening. |

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination.

Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable State laws.

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)



MOTOR VEHICLE DRIVER'S CERTIFICATION VIOLATION AND REVIEW RECORD

(Driver Name)

(Location)

I. CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations and accidents (other than parking violations) for which I have been involved in, during the past twelve (12) months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
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 required to be listed during the past 12 months. I hereby authorize my employer to contact any State Agency to acquire a Motor Vehicle Record, and that said record be made part of my Driver's Qualification File.

(Applicant Signature)

(Print Name)

(Date)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27 has been reviewed for the past twelve (12) months.

ACTION TAKEN:

(Motor Carrier's Name)

(Address)

(Reviewed-By Signature)

(Title)

(Date)

DRIVERS STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. **NOTE:** Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

(Driver's Name)

(Social Security Number)

(License No.)

(State)

(Endorsements)

(Restrictions)

(Class)

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: TIME _____ AM or PM ON (date) _____

(Applicant Signature)

(Print Name)

(Date)



MEDICAL EXAMINATION REPORT

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION

DRIVER'S NAME (LAST, FIRST, MIDDLE)				<input type="checkbox"/> NEW CERTIFICATION		DATE	
				<input type="checkbox"/> RECERTIFICATION			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE	SEX	DRIVER LICENSE NO.	LICENSE CLASS	STATE OF ISSUE
STREET ADDRESS					STATE	ZIP	

2. HEALTH HISTORY

YES NO – Any illness or injury in the last 5 years?
 YES NO – Head/Brain injuries, disorders or illnesses
 YES NO – Seizures, epilepsy
 Medication _____
 YES NO – Eye disorders or impaired vision (except corrective lenses)
 YES NO – Ear disorders, loss of hearing or balance
 YES NO – Heart disease or heart attack; other cardiovascular condition
 Medication _____
 YES NO – Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
 YES NO – High blood pressure
 Medication _____
 YES NO – Muscular disease
 YES NO – Shortness of breath
 YES NO – Lung disease, emphysema, asthma, chronic bronchitis
 YES NO – Kidney disease, dialysis
 YES NO – Liver disease
 YES NO – Digestive problems
 YES NO – Diabetes or elevated blood sugar controlled by:
 Diet
 Pills
 Insulin
 YES NO – Nervous or psychiatric disorders, e.g., severe depression
 Medication _____
 YES NO – Loss of, or altered consciousness
 YES NO – Fainting, dizziness
 YES NO – Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
 YES NO – Stroke or paralysis
 YES NO – Missing or impaired hand, arm, foot, leg, finger, toe
 YES NO – Spinal injury or disease
 YES NO – Chronic low back pain
 YES NO – Regular, frequent alcohol use
 YES NO – Narcotic or habit forming drug use

FOR ANY **YES** ANSWER, INDICATE ONSET DATE, DIAGNOSIS, TREATING PHYSICIAN'S NAME AND ADDRESS, AND ANY CURRENT LIMITATION. LIST ALL MEDICATIONS (INCLUDING OVER THE COUNTER MEDICATIONS) USED REGULARLY OR RECENTLY

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

(Applicant Signature)

(Print Name)

(Date)



DOT/FMCSA PREVIOUS EMPLOYMENT INVESTIGATIONS AND INQUIRIES

APPLICANT NAME	SOCIAL SECURITY NUMBER - -
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I hereby authorize my previous employers to release any and all information to ELITE HR LOGISTICS, INC, concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previous employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 investigation and inquiries.

APPLICANT SIGNATURE	DATE
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PREVIOUS COMPANY NAME				<i>The information requested is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.</i>
STREET	CITY	STATE	ZIP	
SUPERVISORS NAME		TELEPHONE #		
PERIOD OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO. YR. MO. YR.		POSITION HELD		

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

DESCRIPTION	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Cooperation with others				
Safety habits				
Driving Skills				
Attendance Record				

1. Is employment record with your Company correct? _____
 2. Driver was subject to DOT testing requirements From: _____ To: _____
 3. Why did applicant leave? _____
 4. If Company policy allowed, would you rehire? _____
 5. Did he have custody of money or valuables? _____
 6. Qualified in what equipment? _____
 7. How many total accidents? _____ How many FMCSA defined recordable accidents? _____
 8. Driver's license ever revoked or suspended? _____
- COMMENTS: _____

YES NO **DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry**

		1. Did the employee have an alcohol test with results greater than 0.04 BAC?
		2. Did the employee have a verified positive test result?
		3. Did this employee refuse to be tested?
		4. Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
		5. Did the employee report any drug and alcohol rule violations to you?
		6. If you answered yes to any of the above items, did the employee complete a SAP program and return to duty test?
		7. If answered yes to item #6 please transmit the employees SAP reports, return to duty documentation and any and all follow-up test information or records.
		8. This Company did not have a DOT drug/alcohol program during this period.

(Signature) (Printed Name) (Title) (Date)

Date Sent/Initial	2nd Request/Date Initial	3rd Request/Date Initial

DOT/FMCSA Previous Employer Investigation and inquirers on previous employee's drug and alcohol history.



COMPANY POLICIES AND PROCEDURES

I have received the following training and understand and acknowledge the company policies and procedures listed below. I further acknowledge that if I have any questions, I can contact Desiree Caldwell at ELITE HR LOGISTICS, INC at (916) 484-4300.

INJURY & ILLNESS PREVENTION PROGRAM

TRAINING TOPIC	DATE COMPLETED	TRAINER'S INITIALS	EMPLOYEE'S INITIALS
COMPANY POLICIES			
INTRODUCTION TO FORKLIFT			
EXIT INTERVIEW			

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)

CELL PHONE POLICY

Clients of ELITE HR LOGISTICS, INC will in some instances issue selected employees a company cell phone, as appropriate to your duties and responsibility to facilitate communications with clients and or customers.

You must abide by the following at all times:

- *Cell phones are for company business use only.*
- *No personal phone calls are ever to be made.*
- *As of July 2008, it is illegal to use your cell phone without a hands free devise while driving. Neither ELITE HR LOGISTICS, INC nor its clients will pay for any fines accrued by violating the cell phone law.*
- *All cell phones, chargers and/or accessories assigned to employees must be surrendered to the company upon termination, extended absence, or at the end of work assignment. Failure to return assigned items will result in 100% of the replacement cost to be deducted from the employee's next/final paycheck.*

Any violation of this policy could result in immediate disciplinary action including, but not limited to termination of employment.

By signing below, you acknowledge you have read, understand and will abide by the above stated.

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)



POLICIES AND PROCEDURES

1. *I am telephone accessible and I have reliable transportation.*
2. *I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment, then ELITE HR LOGISTICS, INC can assume I voluntarily quit.*
I understand that I am an employee of ELITE HR LOGISTICS, INC and only I or ELITE HR LOGISTICS, INC can terminate my employment. When an assignment ends I must report to ELITE HR LOGISTICS, INC for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.
3. *ELITE HR LOGISTICS, INC has a very strict "NO DRUG POLICY", and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.*
4. *When there is reasonable suspicion that I may possess illegal contraband I will be required to submit to myself, my personal property and anything of mine on company property or in the company truck to search and seizure. Refusal to consent to search will result in termination.*
5. *Once I have accepted a job, I must report to ELITE HR LOGISTICS, INC office to pick up a time sheet. Unless special arrangements have been made, I understand ELITE HR LOGISTICS, INC will not recognize pay for any hours worked by an employee in the absence of an individual time ticket signed by both the client and the employee.*
6. *If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact ELITE HR LOGISTICS, INC two hours prior to start time so you can call the client and/or find a replacement. My failure to do so may be grounds for dismissal and/or indicate that I have quit.*
7. *If I sustain an injury/accident on the job, I will inform the client and ELITE HR LOGISTICS, INC immediately after the accident. ELITE HR LOGISTICS, INC will coordinate with the client and me the proper procedure for treatment and reporting of the accident. Failure to do so will result in disciplinary action and may lead to termination.*
8. *I understand and will comply with ELITE HR LOGISTICS, INC Safety Rules and Regulations and Hazardous Communications program explained to me in ELITE HR LOGISTICS, INC orientation.*
9. *ELITE HR LOGISTICS, INC pays employees once a week. Our pay period starts on Monday and ends on Sunday. My check will be ready after 10:00 AM the Friday following the week worked (unless other arrangements have been made).*
10. *I understand that in order to be paid in a timely manner, time cards must be turned in no later than 9:00 AM each Monday following the week worked. Any late time cards will not be paid until the next payroll (next week).*
11. *By initialing, I voluntarily forfeit my lunch period if I am on duty less than 6 hours.*
12. *I am aware after 4.75 hours on duty it's required that I take a 30 minute lunch period. Failure to do so may lead to disciplinary action up to termination.*
13. *I have received a pamphlet explaining my rights and obligations in relation to Workers Compensation Insurance in the State of California.*
14. *I have read and fully understand the above statements regarding ELITE HR LOGISTICS, INC policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.*
15. *I understand that any physical threats of violence will result in immediate termination.*
- 16.



ATTENTION COMMERCIAL DRIVERS

According to Sections 391.43 and 649-F of the Federal Motor Carrier Safety Regulations, Elite HR Logistics is required to keep a copy of all commercial drivers' Medical Examination Reports in their DOT file. If the driver does not provide this form, the cost of obtaining it will be debited from their paycheck.

I have read and understand the above information regarding my Medical Examination Report, and I understand that, in signing below, I am agreeing to allow Elite HR Logistics to debit the cost of obtaining my Medical Examination Report out of my paycheck.

(Applicant Signature)

(Print Name)

(Date)

ACKNOWLEDGEMENT OF AVAILABLE MODIFIED DUTY

Elite HR Logistics desires to provide our injured employees with the most expedient and quality medical care for their work related injuries.

Elite HR Logistics has developed a modified duty program that will allow our injured workers to return to work on a modified duty status by making accommodations for any work restrictions as outlined by a company authorized physician.

I understand that failure to report for modified duty will be considered an unexcused absence, and I will not be paid for any days missed.

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)

ACKNOWLEDGMENT OF FEDERAL MOTOR CARRIER SAFETY REGULATIONS

To maintain compliance with section 395 of the Federal Motor Carrier Safety Regulations, drivers are required to turn in all time exemption logs / timecards as well as log books filled out in accordance with Federal Motor Carrier Safety Regulations in order to have your check released to you. If these are not turned in Elite HR Logistics will hold your check until we receive the documents we are required to have. If documents are turned in, but not completed correctly, we will provide you with any and all training necessary to be compliant with the Federal Motor Carrier Safety Rules.

I understand that this is a condition of my employment with Elite HR Logistics and the Federal Motor Carrier Safety Regulations.

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)

CERTIFICATION OF ROAD TEST

Instructions to Carrier; If the road test is successfully completed, the person who gave it must complete this certificate of road test in duplicate, retain the original in the files of the employing carrier, and provide a copy to the person examined. (see 391.31 @ (f) (g) (1) (2) of the Motor Carrier Safety Regulations)

(Driver's Name)

(Social Security Number)

(Operator's or chauffeur's License No.)

(State)

(Type of Power Unit)

(Type of Trailer(s))

This is to certify that the above-named driver was given a road test under my supervision on _____, 20____
consisting of approximately _____ miles of driving.

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

(Signature of Examiner)

(Title)

(Organization and Address of Examiner)



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, ELITE HR LOGISTICS, INC.

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be release to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY SACRAMENTO	COUNTY SACRAMENTO	STATE CA
DATE	SIGNATURE AND TITLE OF EMPLOYEE X	

I, _____, of ELITE HR LOGISTICS, INC do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY SACRAMENTO	COUNTY SACRAMENTO	STATE CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-3646.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.



DRIVER RECEIPT OF DOT DRUG AND ALCOHOL EDUCATIONAL MATERIALS

INSTRUCTIONS: [382.601] DOT requires the company to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of DOT which apply to the Company's drivers. Each representative of a driver organization is also required to receive this information. This form should be used to document receipt of the required materials.

To the Drivers: DOT requires that each driver and/or organization must sign this form certifying receipt of these materials. Any driver refusing to sign this form will be considered insubordinate and subject to discipline. The original of this form will be retained for an indefinite time period in a separate file along with other company records maintained on the DOT drug and alcohol testing program. Drivers may request a copy of this certification.

DRIVER'S CERTIFICATION:

The undersigned hereby certifies that he/she received the educational materials which the Company is required to provide me in accordance with 49 C.F.R. 382.601. I acknowledge and agree that I am responsible for reading, understanding and obeying all Company policies and DOT regulations regarding alcohol and drug use testing. I also understand that, because changes in the governing federal law or regulations may occur from time to time, terms and conditions of the Company's policy may also change without the Company being able to give me prior notice. Nonetheless, I agree to comply with the DOT's regulations and the Company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT's regulations and/or the Company's policies. I have been advised any questions with regard to these materials should be addressed to the Corporate Safety Director.

Prior to signing this Receipt, I read it carefully and had an opportunity to ask questions regarding its content.

(Applicant Signature)

(Print Name)

(Date)

*Elite HR Logistics agrees to pay all fees for a DOT or pre-employment drug screen with the following exceptions: If any employee **No Shows/No Calls*** on any day within the first week of an ongoing assignment and cannot furnish information as to why no attempt was made to contact Elite HR Logistics or the Client Company.*

** No Shows/No Calls being defined as not reporting to work as scheduled or not calling in un-available to Elite HR Logistics or to the Client Company prior to the scheduled day of work.*

I agree to the above agreement and the exception to the agreement.

(Applicant Signature)

(Print Name)

(Date)



NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provision of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such convictions within 30 days.
3. Any person applying for a job as commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$25,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must notify the motor carrier the next business day after receiving notification of such action.

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

(Driver's Name) (Social Security Number) (License No.) (Class) (State)

(Street Address) (City) (State & Zip)

I further certify that the above commercial vehicle license is the only one held: or that I have surrendered the following licenses to the state(s) indicated.

(License No.) (Class) (State)

(License No.) (Class) (State)

(Applicant Signature) (Print Name) (Date)



DRIVER POLICY

Employees assigned to driving duties ("drivers") must at all times meet the following criteria:

- Drivers must have a current, valid driver's license for the state in which the employee performs his or her driving duties; and
- Drivers must maintain a clean driving record, i.e., must remain insurable under our company's liability insurance policy and maintain a DMV MVR with less than 2 points.

Any employee driving a Company vehicle or driving on Company business must observe all safety, traffic, and criminal laws of this state. No driver may consume alcohol or illegal drugs while driving a Company vehicle, while on Company business, while in a Company vehicle, or prior to the employee's shift if such consumption would result in a detectable amount of alcohol or illegal drugs being present in the employee's system while on duty. In addition, no driver may consume or use any substance, regardless of legality or prescription status, if by so doing, the driver's ability to safely operate a motor vehicle and carry out other work-related duties would be impaired or diminished. No driver may pick up or transport non-employees while in a Company vehicle or on Company business, unless there is a work-related need to do so. Any illegal, dangerous, or other conduct while driving that would tend to place the lives or property of others at risk is prohibited.

Anything a driver does in connection with the operation of motor vehicles whether in a personal vehicle or company vehicle can affect that driver's fitness for duty or insurability as a driver. Regardless of fault, circumstance, time, or place, any driver who receives a traffic citation from or is arrested by a law enforcement officer, or who is involved in any kind of accident while driving, must inform an appropriate supervisor about the incident immediately or as soon as possible thereafter. Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with such an incident must be reported immediately to an appropriate supervisor. In both of the above situations, the matter will be reported to the Company's insurance carrier so that a prompt decision on continued coverage of the employee can be made. The driver involved in an accident or cited by a law enforcement official for violating a motor vehicle law must turn over any documentation relating to such incident as soon as possible to the employer, and must cooperate fully with the employer in verifying the information with other parties involved and with law enforcement authorities. While parking tickets will not affect a driver's insurability, any parking ticket issued on a vehicle that is being used for company business should be reported to an appropriate supervisor at the earliest possible opportunity.

Furthermore, any incident or accident caused as a direct or indirect result of driver negligence will be deemed a violation of this driver policy.

Any employee who violates any part of this policy, or who becomes uninsurable as a driver, will be subject to reassignment, disciplinary action, or termination from employment. The severity of the discipline is at the discretion of the Company. Depending on the nature of the offense, the Company reserves the right to skip any steps at its discretion. All employees with driving duties must sign the following agreement:

I have read and understand the Company's Driver Policy, and I agree, in the event that I am ever involved in an accident, found to be uninsurable, or that I lack a clean driving record or a valid and current driver's license, that if necessary, I will accept whatever alternative assignment the Company may give me and that I understand that a reduction in pay, change in hours, change in duties, and/or change in work location may result from the reassignment. I further understand that the Company does not and cannot guarantee that any particular reassignment will be available in the event of a problem with my driver's license, driving record, or insurability as a driver, and that if no reassignment is possible, termination of my employment will occur.

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)



CERTIFICATE OF COMPLIANCE
WITH CELL-PHONE/TEXTING BANS

Motor carriers: The restrictions in 49 CFR Part 392 on using a mobile telephone or texting while driving apply to every operator of a “commercial motor vehicle” as defined in Section 390.5, including interstate vehicles weighing or rated at 10,001 pounds or more, vehicles placarded for hazardous materials, and certain vehicles designed or used for more than 8 passengers (including the driver). In-state operations of vehicles placarded for hazardous materials are also subject to the restrictions. Other in-state-only operations may also be subject, depending on state rules.

Drivers: Part 392 of the Federal Motor Carrier safety regulations contains restrictions on texting and the use of hand-held mobile telephones while driving a commercial motor vehicle (CMV), including the following:

1. **Texting ban (392.80):** You may not manually enter text into or read text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.

2. **Hand-held-cell-phone ban (392.82):** You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

Except as prohibited under company policy, you are allowed to use a hands-free phone, a CB radio, a navigation system, a two-way radio, a music player, or a fleet management system for purposes other than texting. Texting and hand-held cell-phone use are **only** allowed if you need to contact emergency services or if you have stopped in a safe location off the road.

Penalties: (383.51, 391.15): CDL and non-CDL drivers can be disqualified for 60 up to 120 days and/or face fines of up to \$2750 for each violation.

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

Driver’s Name (Print): _____ Date: _____

Driver’s Signature: _____ Date: _____

Employer’s Signature: _____ Date: _____



Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px;"> <p align="center">QR Code - Sections 2 & 3 Do Not Write In This Space</p> </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Elite HR Logistics	
Employer's Business or Organization Address (Street Number and Name) 2331 Capitol Ave		City or Town Sacramento	State Ca	ZIP Code 95816

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Native American tribal document
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. U.S. Citizen ID Card (Form I-197)
<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		For persons under age 18 who are unable to present a document listed above:		<ol style="list-style-type: none"> 7. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.