



TEL: 1-312-498-7219

18 FOREST LANE, ELK GROVE VILLAGE, IL 60007
FAX: 1-312-254-3406

EMAIL: INFO@BUCCILLILOGISTICS.COM

EMPLOYMENT APPLICATION

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER PROTECTED GROUP

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP HOW LONG?

DATE OF BIRTH: _____ SSN _____

TELEPHONE: _____ CELL: _____ EMAIL: _____

APPLICANT MUST LIST ALL PREVIOUS ADDRESSES FOR 3 YEARS PRIOR.

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP HOW LONG?

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP HOW LONG?

DRIVER LICENSE INFORMATION:

DRIVER LICENSE #	STATE	TYPE	EXPIRATION DATE

DRIVER EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE FROM	DATE TO	APPROX. MILES (TOTAL)
STRAIGHT TRUCK				
TRUCK & SEMI-TRAILER				
OTHER				

ACCIDENT RECORD/TICKETS FOR THE PAST 3 YEARS (ATTACH SHEET IF NEEDED)

DATE	DESCRIPTION OF ACCIDENT	# OF FATALITIES	# OF INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (ATTACH SHEET IF NEEDED)

LOCATION	DATE	CHARGE	PENALTY

REQUIRED QUESTIONS- APPLICANT MUST ANSWER:

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES OF AMERICA? YES NO
HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO

POSITION _____ FROM _____ TO _____ REASON FOR LEAVING _____

ARE YOU NOW EMPLOYED? YES NO IF NOT, HOW LONG SINCE LAST EMPLOYMENT? _____

YOU WERE REFERRED BY: _____ RATE OF PAY EXPECTED _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED (AS DESCRIBED IN THE JOB DESCRIPTION BELOW) YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY, DUI OR DWI? YES NO

IF YES, EXPLAIN _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN TESTED POSITIVE FOR DRUGS AND/OR ALCOHOL? YES NO

IF YES, EXPLAIN _____



TEL: 1-312-498-7219

18 FOREST LANE, ELK GROVE VILLAGE, IL 60007
FAX: 1-312-254-3406

EMAIL: INFO@BUCCILLILOGISTICS.COM

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL ACT INVOLVING THE USE OF A CMV OR WHILE DRIVING A CMV? Yes No

IF YES, EXPLAIN _____

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOLL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY STATE

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE IN AN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING TEN (10) YEARS. MUST COMPLETE MAILING STREET ADDRESS, CITY, STATE AND ZIP, PHONE, AND FAX.

ALL DRIVER APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE OR INTERSTATE COMMERCE SHALL PROVIDE LAST 10 YEARS' INFORMATION ON THOSE EMPLOYERS FROM WHOM THE APPLICANT OPERATED SUCH VEHICLE.

CHECKING HERE CERTIFIES THAT THE DRIVER HAD NO PREVIOUS EMPLOYMENT WITH A DOT-REGULATED EMPLOYER DURING THE PRECEDING 3 YEARS. ** APPLICANT MUST STILL REPORT 10 YEARS HISTORY.

LAST EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ POSITION _____ FROM _____ TO _____

REASON FOR LEAVING _____

WHERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes No

SECOND EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ POSITION _____ FROM _____ TO _____

REASON FOR LEAVING _____

WHERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes No

THIRD EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ POSITION _____ FROM _____ TO _____

REASON FOR LEAVING _____

WHERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes No

FORTH EMPLOYER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ POSITION _____ FROM _____ TO _____

REASON FOR LEAVING _____

WHERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? Yes No

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes No

LIST STATES YOU OPERATED IN FOR THE PAST FIVE (5) YEARS: _____

DID YOU ATTEND ANY SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER? Yes No

IF YES, LIST WHERE AND WHEN _____

DO YOU HOLD ANY SAFE DRIVING AWARDS? Yes No

IF YES, LIST FROM WHOM _____



TEL: 1-312-498-7219

18 FOREST LANE, ELK GROVE VILLAGE, IL 60007
FAX: 1-312-254-3406

EMAIL: INFO@BUCCILLILOGISTICS.COM

DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)

IF YOU WERE DRIVING A CMV, YOU MUST PROVIDE COMPLETE EMPLOYMENT HISTORY FOR THE PAST 10 YEARS. ANY GAPS IN EMPLOYMENT LONGER THAN ONE (1) MONTH ARE EXPLAINED AS FOLLOWS:

ACTIVITY DURING BREAK _____ FROM _____ TO _____
IN ADDITION, I WAS NOT EMPLOYED BY ANY COMPANY OR INDIVIDUAL. Yes No

ACTIVITY DURING BREAK _____ FROM _____ TO _____
IN ADDITION, I WAS NOT EMPLOYED BY ANY COMPANY OR INDIVIDUAL. Yes No

FOR ADDITIONAL INFORMATION PLEASE MAKE A COPY OF THIS FORM.

TO BE READ AND SIGNED BY THE APPLICANT

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY INQUIRES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IS AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED). I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDERS AND ANY OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE TO ALL RULES AND REGULATIONS OF THE COMPANY.

I UNDERSTAND INFORMATION I PROVIDE REGARDING CURRENT/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23 (D) AND (E). I UNDERSTAND THAT I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS;
- HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RE-SEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER; AND
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

THIS CERTIFIES THIS APPLICATION, ANY ATTACHMENTS, WERE COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE _____

DATE _____

PRINT NAME _____

PSP DRIVER BACKGROUND INVESTIGATION RELEASE

IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT WITH BUCCILLI LLC, IT MAY OBTAIN ONE OR MORE REPORTS REGARDING YOUR CREDIT, DRIVING, AND/OR CRIMINAL BACKGROUND HISTORY FROM A CONSUMER REPORTING AGENCY AND/OR OTHER SOURCES. IF BUCCILLI LLC USES ANY INFORMATION IT OBTAINS FROM A BACKGROUND REPORT IN A DECISION TO NOT HIRE YOU MAKE ANY OTHER ADVERSE EMPLOYMENT DECISION REGARDING YOU, BUCCILLI LLC WILL PROVIDE YOU 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 IS TAKEN AGAINST YOU BASED UPON A BACKGROUND REPORT, BUCCILLI LLC WILL NOTIFY YOU THAT THE ACTION HAS BEEN TAKEN AND THAT THE BACKGROUND REPORT WAS THE REASON FOR THE ACTION. BUCCILLI LLC CANNOT OBTAIN BACKGROUND REPORTS FROM THE CONSUMER REPORTING AGENCIES OR OTHER SOURCES REGARDING YOU UNLESS YOU CONSENT IN WRITING. IF YOU AGREE THAT BUCCILLI LLC MAY OBTAIN SUCH BACKGROUND, PLEASE READ THE FOLLOWING AND SIGN BELLOW:

I AUTHORIZE BUCCILLI LLC TO CONTACT ANY ORGANIZATION OR INDIVIDUAL THAT I HAVE LISTED ON MY EMPLOYMENT APPLICATION OR RESUME OR MENTIONED IN JOB INTERVIEWS AND OBTAIN FROM THEM ANY RELEVANT INFORMATION ABOUT MY JOB QUALIFICATIONS, INCLUDING MY EXPERIENCE, SKILLS, AND ABILITIES. I UNDERSTAND THAT I AM CONSENTING TO THE RELEASE OF SAFETY PERFORMANCE INFORMATION INCLUDING CRASH DATA FROM PREVIOUS FIVE (5) YEARS AND INSPECTION HISTORY FROM THE PREVIOUS THREE (3) YEARS, AS WELL AS ANY REFERENCE-RELATED INFORMATION ABOUT ME HELD OR KNOWN BY MY FORMER EMPLOYERS, SUPERVISORS, AND CO-WORKERS. IN ADDITION, I CONSENT TO THE RELEASE OF ANY INFORMATION ABOUT MY EDUCATION, EXPERIENCE, ABILITIES OR WORK-RELATED CHARACTERISTICS OR TRAITS HELD OR KNOWN BY OTHER ORGANIZATIONS OR INDIVIDUALS, INCLUDING SCHOOL AND EDUCATIONAL INSTITUTIONS, PROFESSIONAL OR BUSINESS ASSOCIATES, AND FRIENDS AND ACQUAINTANCES THAT BUCCILLI LLC MIGHT CONTACT IN THE COURSE OF CONDUCTING A REFERENCE CHECK OR BACKGROUND INVESTIGATION OF MY SUITABILITY FOR EMPLOYMENT.

I UNDERSTAND AND ACKNOWLEDGE THAT THIS RELEASE OF INFORMATION CAN INVOLVE MY QUALIFICATIONS, PERFORMANCE, CREDENTIALS, OR OTHER CHARACTERISTICS OR FACTORS AFFECTING MY SUITABILITY FOR EMPLOYMENT WITH BUCCILLI LLC. SPECIFICALLY, I AM AUTHORIZING THE RELEASE OF ANY INFORMATION ABOUT MY PERFORMANCE, EDUCATION, EXPERIENCE, ABILITIES OR WORK-RELATED CHARACTERISTICS THAT CURRENTLY ARE IN THE POSSESSION OF THE REQUESTED ORGANIZATIONS OR THEIR MANAGERS OR REPRESENTATIVES.

IN EXCHANGE FOR BUCCILLI'S LLC CONSIDERATION OF MY EMPLOYMENT APPLICATION, I AGREE NOT TO FILE OR PURSUE ANY COMPLAINTS, CLAIMS, OR LEGAL ACTIONS OF ANY KIND AGAINST ANY ORGANIZATION OR INDIVIDUAL THAT PROVIDES WORK-RELATED INFORMATION ABOUT ME TO BUCCILLI LLC OR ITS AGENTS IN ACCORDANCE WITH THE TERMS AND INTENT OF THIS RELEASE. I ALSO AGREE NOT TO FILE OR PURSUE ANY COMPLAINTS, CLAIMS, OR LEGAL ACTIONS OF ANY KIND AGAINST BUCCILLI LLC OR ANY OF ITS EMPLOYEES, REPRESENTATIVES, OR AGENTS ARISING OUT OF THEIR EFFORTS TO OBTAIN WORK-RELATED INFORMATION ABOUT ME.

I HAVE READ THE ABOVE NOTICE REGARDING BACKGROUND REPORTS PROVIDED TO ME BY BUCCILLI LLC AND I UNDERSTAND THAT IF I SIGN THIS CONSENT FORM, BUCCILLI LLC AND/OR ANY ENTITY IT RETAINS TO OBTAIN SUCH BACKGROUND REPORTS AND MAY OBTAIN REPORTS OF MY CREDIT, DRIVING, AND/OR CRIMINAL BACKGROUND HISTORY IN ADDITION TO INFORMATION REGARDING MY BACKGROUND, REFERENCES, EDUCATION, SPECIFIC EVENTS, AND PAST EMPLOYMENT.

I HEREBY AUTHORIZE BUCCILLI LLC AND ITS EMPLOYEES, AGENTS, AND ITS AFFILIATES TO OBTAIN THE INFORMATION AUTHORIZED ABOVE.

DRIVER'S SIGNATURE _____

DATE _____

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

HAVE YOU EVER REFUSED TO BE TESTED FOR DRUGS OR ALCOHOL? [] Yes [] No
HAVE YOU EVER TESTED POSITIVE FOR DRUGS OR ALCOHOL? [] Yes [] No
HAVE YOU EVER TESTED POSITIVE FOR ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST FOR A JOB, WHICH YOU APPLIED FOR BUT DID NOT OBTAIN? [] Yes [] No

IF "YES" TO ANY OF THE ABOVE QUESTIONS, APPLICANT MUST ATTACH A STATEMENT OF EXPLANATION AND PROVIDE PROOF OF RETURN TO DUTY PROCESS.

I UNDERSTAND THAT, AS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS OR COMPANY POLICY, ALL DRIVERS MUST SUBMIT TO ALCOHOL AND CONTROLLED SUBSTANCES AND AT OUR DISCRETION, ALCOHOL TESTING PRIOR TO EMPLOYMENT AND WILL BE SUBJECT TO FURTHER TESTING THROUGHOUT THEIR PERIOD OF EMPLOYMENT.

APPLICANTS FOR POSITIONS THAT REQUIRE DRIVING A COMMERCIAL MOTOR VEHICLE (CMV) REQUIRING A CDL AT ANY TIME WILL BE REQUIRED TO UNDERGO CONTROLLED SUBSTANCES AND AT OUR DISCRETION, ALCOHOL TESTING PRIOR TO EMPLOYMENT AND WILL BE SUBJECT TO FURTHER TESTING THROUGHOUT THEIR PERIOD OF EMPLOYMENT.

THE COMPANY'S POLICY IS THAT IF A PERSON HAS EVER BEEN IN VIOLATION OF THE RULES IN PART 40 (DOT) OR 382 (FMCSA) THEY WILL NOT BE CONSIDERED ELIGIBLE FOR ANY JOB THAT INCLUDES OPERATION OF A CMV (GREATER THAN 10,000 GVWR) UNLESS THEY HAVE COMPLETED THE RETURN TO DUTY PROCESS.

CDL DRIVERS WILL BE SUBJECT TO RANDOM AND REASONABLE SUSPICION DRUG TESTING EACH DAY THEY REPORT FOR WORK.

THEREFORE, I AGREE TO SUBMIT TO THE FOLLOWING ALCOHOL AND CONTROLLED SUBSTANCES TESTS IN ACCORDANCE AND AS DEFINED BY FEDERAL MOTOR CARRIER SAFETY REGULATION AND THIS COMPANY'S POLICIES:

- PRE-EMPLOYMENT, TO DETERMINE ELIGIBILITY
• RANDOM
• REASONABLE SUSPICION
• POST ACCIDENT
• FOLLOW UP (SEE COMPANY POLICY)
• RETURN-TO-DUTY (SEE COMPANY POLICY)

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE CONDITION OF THIS CONSENT AND RELEASE FORM.

FAILURE TO SIGN THIS FORM WILL PREVENT THIS EMPLOYER FROM USING YOU AS A CMV DRIVER.

BY: _____ DATE: _____
APPLICANT/ DRIVER SIGNATURE

BY: _____ DATE: _____
Cristina Montgomery CEO
COMPANY REPRESENTATIVE SIGNATURE PRINTED NAME & TITLE

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: THE REQUIREMENTS IN PART 383 APPLY TO EVERY DRIVER WHO OPERATES IN INTRASTATE, INTERSTATE, OR FOREIGN COMMERCE AND OPERATES A VEHICLE WEIGHING 26,001 POUNDS OR MORE, CAN TRANSPORT MORE THAN 15 PEOPLE, OR TRANSPORTS HAZARDOUS MATERIALS THAT REQUIRE PLACARDING.

THE REQUIREMENTS IN PART 391 APPLY TO EVERY DRIVER WHO OPERATES IN INTERSTATE COMMERCE AND OPERATES A VEHICLE WEIGHING 10,001 POUNDS OR MORE, CAN TRANSPORT MORE THAN 15 PEOPLE, OR TRANSPORTS HAZARDOUS MATERIALS THAT REQUIRE PLACARDING.

DRIVER REQUIREMENTS: PARTS 383 AND 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAIN SOME REQUIREMENTS THAT YOU AS A DRIVER MUST COMPLY WITH. THESE REQUIREMENTS ARE IN EFFECT AS OF JULY 1, 1987. THEY ARE AS FOLLOWS:

- 1. POSSESS ONLY ONE LICENSE: YOU, AS A COMMERCIAL VEHICLE DRIVER, MAY NOT POSSESS MORE THAN ONE MOTOR VEHICLE OPERATOR'S LICENSE.

YOU CURRENTLY HAVE MORE THAN ONE LICENSE, YOU SHOULD KEEP THE LICENSE FROM THE STATE OF RESIDENCE, AND RETURN THE ADDITIONAL LICENSE TO THE STATES THAT ISSUED THEM. DESTROYING A LICENSE DOES NOT CLOSE THE RECORD IN THE STATE THAT ISSUED IT; YOU MUST NOTIFY THE STATE. IF A MULTIPLE LICENSE HAS BEEN LOST, STOLEN, OR DESTROYED, YOU SHOULD CLOSE YOUR RECORD BY NOTIFYING THE STATE IF ISSUANCE THAT YOU NO LONGER WANT TO BE LICENSED BY THAT STATE.

- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

SECTIONS 391.15(B)(2) AND 383.33 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS REQUIRE THAT YOU NOTIFY YOUR EMPLOYER THE NEXT BUSINESS DAY OF ANY REVOCATION OR SUSPENSION OF YOUR DRIVER'S LICENSE. IN ADDITION, SECTION 383.31 REQUIRES THAT ANY TIME YOU VIOLATE A STATE OR LOCAL TRAFFIC LAW (OTHER THAN PARKING), YOU MUST REPORT IT WITHIN 30 DAYS TO: 1) YOUR EMPLOYING MOTOR CARRIER, AND 2) THE STATE THAT ISSUED YOUR LICENSE (IF THE VIOLATION OCCURS IN A STATE OTHER THAN THE ONE WHICH ISSUED YOUR LICENSE). THE NOTIFICATION TO BOTH THE EMPLOYER AND STATE MUST BE IN WRITING.

DRIVER CERTIFICATION: I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS.

THE FOLLOWING LICENSE IS THE ONLY ONE I WILL POSSESS:

DRIVER LICENSE NUMBER STATE EXPIRATION DRIVER SIGNATURE DATE PRINT NAME

DRIVER STATEMENT OF SERVICE RECORD(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 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: ON THE FIRST DAY YOU DRIVE, YOU MUST FILL OUT THIS FORM TO RECORD ALL WORK DONE FROM PREVIOUS WEEK. HOURS FROM ANY COMPENSATED WORK DURING PRECEDING 7 DAYS, INCLUDING WORK FOR A NON-MOTOR CARRIER ENTITY, MUST BE RECORDED ON THIS FORM.



18 FOREST LANE, ELK GROVE VILLAGE, IL 60007
FAX: 1-312-254-3406

TEL: 1-312-498-7219

EMAIL: INFO@BUCCILLILOGISTICS.COM

DRIVER'S NAME: _____ SSN #: _____ DRIVER'S LICENSE STATE: _____

NUMBER: _____ CLASS: _____ ENDORSEMENT(S): _____ RESTRICTION(S): _____ TYPE OF LICENSE: _____

DAY	1 YESTERDAY	2	3	4	5	6	7
DATE							
HOURS WORKED							

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS TRUE AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT MY LAST PERIOD RELEASE FROM DUTY WAS:

A.M.

P.M. ON _____

TIME DAY MONTH YEAR

DRIVER'S SIGNATURE

DATE

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: WHEN EMPLOYED BY A MOTOR CARRIER, A DRIVER MUST REPORT TO THE CARRIER ALL ON-DUTY TIME INCLUDING TIME WORKING FOR THE EMPLOYERS. THE DEFINITION OF ON-DUTY TIME FOUND IN SECTION 395.2 PARAGRAPH (8) AND (9) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS INCLUDES TIME PERFORMING ANY OTHER WORK IN THE CAPACITY OF, OR IN THE EMPLOY OR SERVICE OF, A COMMON, CONTRACT OR PRIVATE MOTOR CARRIER, ALSO PERFORMING ANY COMPENSATED WORK FOR ANY NON-MOTOR CARRIER ENTITY.

ARE YOU CURRENTLY WORKING FOR A DIFFERENT EMPLOYER? Yes No

AT THIS TIME DO YOU INTEND TO WORK FOR ANOTHER EMPLOYER WHILE

Yes No

STILL EMPLOYED BY THIS COMPANY?

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND I UNDERSTAND THAT ONCE I BECOME EMPLOYED WITH THIS COMPANY, IF I BEGIN WORKING FOR ANY ADDITIONAL EMPLOYER(S) FOR COMPENSATION THAT I MUST INFORM THIS COMPANY IMMEDIATELY OF SUCH EMPLOYMENT ACTIVITY.

DRIVER'S SIGNATURE

DATE

WITNESS

DATE

JOB DESCRIPTION

APPLICANT/DRIVER NAME

PLEASE READ THE FOLLOWING PAGES CAREFULLY AND SIGN AND DATE WHERE NEEDED. IF YOU HAVE ANY QUESTIONS PLEASE ASK.

HEAVY TRUCK AND TRACTOR/TRAILER DRIVERS WORKING FOR BUCCILLI LLC DELIVER GOODS ACROSS AMERICA. HEAVY TRUCK AND TRACTOR/TRAILER DRIVERS DRIVE VEHICLES THAT ARE A MINIMUM OF 26,000 POUNDS; THEY TRANSPORT ITEMS THAT ARE LARGE IN SIZE SUCH AS CARS AND EVEN ANIMALS. THESE ARE USUALLY TRIPS WHERE THEY HAVE TO UTILIZE THE SLEEPING AREA IN THE TRUCK BECAUSE THE TRIPS CAN TAKE DAYS TO COMPLETE. FOR THOSE WHO PERFORM LONG DISTANCE TRIPS, THE MAJORITY OF THE TIME IS SPENT BEHIND THE WHEEL AND THEY MIGHT BE RESPONSIBLE FOR LOADING AND UNLOADING THE TRUCK IF THEY CHOOSE TO DO THAT SOMETIME.

UPON LEAVING FOR A DESTINATION, THEY MUST INSPECT THE TRUCK/TRAILER TO ENSURE EVERYTHING MECHANICAL AND ELECTRICAL IS FUNCTIONING PROPERLY, FROM THE GAS LEVELS TO SAFETY EQUIPMENT, INCLUDING CHECKING THAT THE CARGO IS SECURE.

QUALIFICATIONS AND REQUIREMENTS:

- MUST BE AT LEAST 21 YEARS OF AGE OR OLDER.
- MUST BE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES.
- MUST HAVE A VALID CDL DRIVING LICENSE IN THE STATE OF THE PRIMARY RESIDENCE, IF NOT MUST OBTAIN ONE IN 30 DAYS
- MUST BE ABLE TO DRIVE/ OPERATE IN ALL 48 STATES
- MUST HAVE MINIMUM A HIGH SCHOOL DIPLOMA
- MUST BE ABLE TO SPEAK AND WRITE THE ENGLISH LANGUAGE
- MUST HAVE THE ABILITY TO COMPREHEND AND IMPLEMENT ORAL INSTRUCTIONS QUICKLY
- MUST HAVE AT LEAST 1 YEAR OF PREVIOUS EXPERIENCE OPERATING A VEHICLE REQUIRING A CDL WITHIN THE PAST 7 YEARS.
- MUST HAVE A CLEAN DRIVING RECORD.
- ABILITY TO MEET PHYSICAL REQUIREMENTS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATIONS.
- SUCCESSFULLY PASS PRE-EMPLOYMENT (POST OFFER) DRUG SCREEN, BACKGROUND AND MOTOR VEHICLE RECORDS CHECK AND DEPARTMENT OF TRANSPORTATION PHYSICAL.
- MUST KNOW HOW TO READ A MAP AND KNOW ALL OF THE REQUIREMENTS PERTAINING TO THE ROAD AND YOUR VEHICLE, SUCH AS WHEN TO STOP AT WEIGH STATIONS.
- MUST BE ABLE TO BE PROFESSIONAL WITH CUSTOMERS, DISPATCH, AND OUR CUSTOMER SERVICE DEPARTMENT AT ALL TIMES.
- OBEY TRAFFIC LAWS AT ALL TIMES
- MUST KEEP RECEIPTS FOR GAS, MAINTENANCE AND ANY OTHER SERVICES PERFORMED ON THE TRUCK
- ENSURE THAT DELIVERY FORMS, CUSTOMER RECEIPTS AND FREIGHT BILLS ARE COMPLETED AND SIGNED
- COLLECT PAYMENT FOR SERVICES AND GOODS DELIVERED WHEN NEEDED
- MUST MAINTAIN A TIMELY SCHEDULE AND MAKE ALL DELIVERIES AS PLANNED
- MEET THE REQUIREMENTS OF A CRIMINAL BACKGROUND CHECK, DRIVING RECORD, PHYSICAL, DRUG SCREEN, AND ANY ALL OTHER INFORMATION AS REQUIRED BY STATE AND FEDERAL REGULATIONS, AND BY THE COMPANY.
- MUST BE ABLE TO BE QUALIFIED AND REMAIN QUALIFIED TO DRIVE BY OUR VAN LINE.
- MUST COMPLETE A PRE-TRIP INSPECTION ON THE TRACTOR AND TRAILER, ACCORDING DO DOT REGULATIONS
- MUST BE ABLE TO KEEP LOGBOOK UP TO DATE FOR EACH PORTION OF TRIP.
- ALL DRIVERS MUST INSPECT THE LOADING OF THE TRAILER, WHERE ALLOWED, AND CHECK WEIGHT AT THE NEAREST SCALE
- MUST BE ABLE TO PAY ATTENTION TO THE CONDITION OF THE LOAD, AND THE NUMBER OF PALLETS PLACED ON THE TRAILER.
- ALL DRIVERS ARE RESPONSIBLE FOR THE TRACTOR, TRAILER AND THE LOAD AND FOR DAILY MAINTENANCE OF THE TRACTOR AND TRAILER. CONSEQUENTLY ALL DRIVERS MUST BE ABLE TO DAILY VERIFY AND MAINTAIN THE FOLLOWING:

- TIRE PRESSURE AND ADJUST THE PRESSURE ACCORDING TO STANDARDS
- OIL LEVEL AND WATER LEVEL REQUIRED FOR PROPER FUNCTIONING OF THE ENGINE
- POWER STEERING FLUID LEVEL
- PROPER SECURE THE LOAD INSIDE THE TRAILER

- TRACTOR AND TRAILER MUST BE KEPT CLEAN AND NEAT AT ALL TIMES, INCLUDES BOTH THE INTERIOR AND EXTERIOR OF THE TRACTOR AND TRAILER.

- MUST BE ABLE TO PASS U.S. D.O.T CONTROLLED SUBSTANCE AND ALCOHOL TESTING BE ABLE TO PASS FMCSA PHYSICAL REQUIREMENTS
- MUST HAVE NO ALCOHOL OR DRUG RELATED OFFENCES IN THE PAST FIVE (5) YEARS, STATE OR FEDERAL
- MUST HAVE NO FELONY CONVICTION(S) WITHIN THE PAST 5 YEARS (ANY CONVICTION(S) BEYOND 5 YEARS IS SUBJECT TO COMPANY REVIEW)
- MUST HAVE NO PREVIOUS ACCIDENTS RESULTING FROM A REAR END, LANE CHANGE/ SIDESWIPE, ROLLOVER (ALL OTHER ACCIDENT(S) DURING EMPLOYMENT WILL BE REVIEWED ON A CASE BY CASE BASIS)
- MUST NOT HAVE ANY SERIOUS TRAFFIC VIOLATIONS WITHIN THE PAST 3 YEARS INCLUDING EXCESSIVE SPEEDING OFF 15MPH OR MORE ABOVE THE POSTED SPEED LIMIT (ALL TRAFFIC VIOLATIONS OBTAINED DURING EMPLOYMENT WILL BE REVIEWED ON A CASE BY CASE BASIS DEPENDANT UPON SERIOUSNESS OF THE VIOLATION(S), SAFETY RECORD AND TIME WITH THE COMPANY)
- MUST HAVE NO RECKLESS DRIVING AND/ OR ERRATIC DRIVING
- MUST HAVE NO HIT AND RUN ACCIDENT(S) OR FAILURE TO REPORT AN ACCIDENT

ESSENTIAL PHYSICAL DEMANDS:

- EACH OF THESE PHYSICAL ACTIVITIES IS ESSENTIAL TO THE JOB OCCASIONALLY TO FREQUENTLY. STANDING, WALKING, SITTING, LIFTING, CARRYING, PUSHING, PULLING, CLIMBING, BALANCING, STOOPING/ BENDING, REACHING, HANDLING AND FEELING.
- SEEING IS ESSENTIAL TO THE JOB. SEEING IS DEFINED AS OBTAINING IMPRESSIONS THROUGH THE EYES OF THE SHAPE, SIZE, DISTANCE, MOTION, COLOR, OR OTHER CHARACTERISTICS OF OBJECTS. THE MAJOR VISUAL FUNCTIONS NEEDED ARE:

- ACUITY FAR - CLARITY OF VISION AT 20 FEET OR MORE.
- ACUITY NEAR - CLARITY OF VISION AT 20 INCHES OR LESS.
- DEPTH PERCEPTION – THREE-DIMENSIONAL VISION. THE ABILITY TO JUDGE DISTANCE AND SPACE RELATIONSHIPS AS TO SEE OBJECTS WHERE AND AS THEY ACTUALLY ARE.
- FIELD OF VISION - THE AREA THAT CAN BE SEEN UP AND DOWN OR TO THE RIGHT OR LEFT WHILE THE EYES ARE FIXED ON A GIVEN POINT.
- ACCOMMODATION - ADJUSTMENT OF THE LENS OF THE EYE TO BRING AN OBJECT INTO SHARP FOCUS. THIS ITEM IS ESPECIALLY IMPORTANT WHEN DOING NEAR-POINT WORK AT VARYING DISTANCES FROM THE EYE

- TALKING IS ESSENTIAL TO THE JOB. TALKING IS DEFINED AS THE ABILITY TO EXPRESS OR EXCHANGE IDEAS BY MEANS OF THE SPOKEN WORD.
- HEARING IS ESSENTIAL TO THE JOB. HEARING IS DEFINED AS THE ABILITY TO PERCEIVE THE NATURE OF SOUNDS BY THE EAR.

ENVIRONMENTAL CONDITIONS: OCCASIONAL EXPOSURE TO OUTSIDE WEATHER CONDITIONS.

NOISE INTENSITY LEVEL: MODERATE

I HAVE READ AND UNDERSTAND BUCCILLI LLC JOB DESCRIPTION, QUALIFICATIONS, REQUIREMENTS AND THE ESSENTIAL FUNCTIONS AS STATED ABOVE. I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION. I ALSO UNDERSTAND THAT NOT ALL OF THE DUTIES ARE DESCRIBED ABOVE AND THAT I WILL PERFORM THOSE ABOVE AND OTHER RELATED DUTIES AS DIRECTED BY MY SUPERVISOR AND MANAGEMENT. I ALSO UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS WILL RESULT IN DISCIPLINARY ACTION THAT MAY INCLUDE: FINANCIAL SANCTIONS IMPOSED ON ME BY BUCCILLI LLC, CIVIL PROSECUTION AND TERMINATION OF MY RELATIONSHIP WITH BUCCILLI LLC.

I ACKNOWLEDGE RECEIPT OF THE "JOB DESCRIPTION FOR COMPANY DRIVER" POSITION CLASSIFICATION SHEETS AND THAT I AM RESPONSIBLE FOR FOLLOWING THE LISTED PROCEDURES. I UNDERSTAND THAT I AM A COMPANY DRIVER AND MAY BE USED IN WHATEVER CAPACITY BUCCILLI LLC DEEMS APPROPRIATE AND NECESSARY.

BY: _____ DATE: _____

APPLICANT/ DRIVER SIGNATURE

BY:  _____ DATE: _____

COMPANY REPRESENTATIVE SIGNATURE

Cristina Montgomery, CEO

PRINTED NAME & TITLE

PRE-EMPLOYMENT AGREEMENTS AND REQUIREMENTS

APPLICANT/DRIVER NAME _____

PLEASE READ THE FOLLOWING PAGES CAREFULLY AND SIGN AND DATE EACH SECTION. IF YOU HAVE ANY QUESTIONS PLEASE ASK. **THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT IS AT WILL.**

PRE-EMPLOYMENT AGREEMENTS

I UNDERSTAND THAT EMPLOYMENT AT BUCCILLI LLC IS "AT-WILL", AND MAY BE TERMINATED BY THE EMPLOYEE OR BUCCILLI LLC AT ANY TIME FOR ANY REASON. I FURTHER UNDERSTAND THAT THE FIRST 90 DAYS OF EMPLOYMENT ARE PROBATIONARY. DURING THIS PERIOD BUCCILLI LLC WILL DETERMINE MY QUALIFICATIONS AND SUITABILITY FOR TRUCK DRIVING AND EMPLOYMENT. DURING THIS PERIOD I MAY BE DISQUALIFIED WITHOUT FURTHER RECOURSE OR MY EMPLOYMENT MAY BE TERMINATED WITHOUT REASON. IF NECESSARY, THE PROBATIONARY PERIOD MAY BE EXTENDED.



18 FOREST LANE, ELK GROVE VILLAGE, IL 60007
FAX: 1-312-254-3406

TEL: 1-312-498-7219

EMAIL: INFO@BUCCILLILOGISTICS.COM

DRIVERS MUST MEET THE FOLLOWING REQUIREMENTS BEFORE AND DURING EMPLOYMENT:

1. BE ABLE TO PASS U.S. D.O.T CONTROLLED SUBSTANCE AND ALCOHOL TESTING
2. BE ABLE TO PASS FMCSA PHYSICAL REQUIREMENTS
3. HAVE A VALID CDL DRIVING LICENSE IN THE STATE OF THE PRIMARY RESIDENCE, IF NOT MUST OBTAIN ONE IN 30 DAYS
4. NO ALCOHOL OR DRUG RELATED OFFENCES IN THE PAST FIVE (5) YEARS, STATE OR FEDERAL
5. NO FELONY CONVICTION(S) WITHIN THE PAST 5 YEARS (ANY CONVICTION(S) BEYOND 5 YEARS IS SUBJECT TO COMPANY REVIEW)
6. NO PREVIOUS ACCIDENTS RESULTING FROM A REAR END, LANE CHANGE/ SIDESWIPE, ROLLOVER (ALL OTHER ACCIDENT(S) DURING EMPLOYMENT WILL BE REVIEWED ON A CASE BY CASE BASIS)
7. BE ABLE TO DRIVE/ OPERATE IN ALL 48 STATES
8. ADHERE TO ALL COMPANY POLICIES
9. NOT HAVE ANY SERIOUS TRAFFIC VIOLATIONS WITHIN THE PAST 3 YEARS INCLUDING EXCESSIVE SPEEDING OFF 15MPH OR MORE ABOVE THE POSTED SPEED LIMIT (ALL TRAFFIC VIOLATIONS OBTAINED DURING EMPLOYMENT WILL BE REVIEWED ON A CASE BY CASE BASIS DEPENDANT UPON SERIOUSNESS OF THE VIOLATION(S), SAFETY RECORD AND TIME WITH THE COMPANY)
10. NO RECKLESS DRIVING AND/ OR ERRATIC DRIVING
11. NO HIT AND RUN ACCIDENT(S) OR FAILURE TO REPORT AN ACCIDENT

I UNDERSTAND THE ABOVE REQUIREMENTS AND AGREE TO FAMILIARIZE MYSELF WITH THE DRIVER HANDBOOK AND DRUG & ALCOHOL POLICY GIVEN TO ME AT ORIENTATION. I UNDERSTAND THAT I AM RESPONSIBLE FOR FOLLOWING THE COMPANY POLICIES AND PROCEDURES IN THESE MANUALS.

APPLICANT SIGNATURE DATE

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(B)(2)(A) OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91.508, AS AMENDED BY 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. YOUR EMPLOYER MAY OBTAIN THIS INFORMATION FROM EQUIFAX, TRANSUNION, EXPERIAN OR OTHER VENDORS OF INFORMATION SERVICES.

APPLICANT SIGNATURE DATE PRINT NAME SOCIAL SECURITY NUMBER

EMPLOYER WITNESS TITLE

DRIVER NOTIFICATION

THIS NOTICE SERVES TO FULFILL THE REQUIREMENTS OF 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 PROSPECTIVE EMPLOYER BUCCILLI LLC.

DRIVERS HAVE:

1. THE RIGHT TO REVIEW INFORMATION PROVIDED BY THE PREVIOUS EMPLOYER(S)
2. THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT PREVIOUS EMPLOYER TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER
3. THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND THE DRIVER CAN NOT AGREE TO THE ACCURACY OF THE INFORMATION

APPLICANT'S SIGNATURE DATE

CONSENT FORM PRE-EMPLOYMENT URINALYSIS & DRUG & ALCOHOL TESTING

I UNDERSTAND THAT AS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49 UNITED STATES CODE OF FEDERAL REGULATIONS, SECTIONS 391.103, AND BUCCILLI LLC POLICY, ALL PROSPECTIVE DRIVERS MUST SUBMIT TO A CONTROLLED SUBSTANCE TEST. THE RESULTS WILL NOT BE RELEASED TO ANY ADDITIONAL PARTIES WITHOUT MY WRITTEN AUTHORIZATION. I HEREBY AGREE TO THE CONDITIONS ABOVE AND TO SUBMIT TO A DRUG SCREEN URINALYSIS.

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 D.O.T. AGENCY DRUG & ALCOHOL TESTING RULES DURING THE PAST TWO (2) YEARS? Yes No

APPLICANT'S SIGNATURE DATE

ACKNOWLEDGEMENT OF RECEIPT OF MOTOR CARRIER DRUG & ALCOHOL TESTING PROGRAM AGREEMENT (EMPLOYEE DRIVER)

I, _____ HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF BUCCILLI LLC MOTOR CARRIER DRUG TESTING PROGRAM, WHICH HAS BEEN DEVELOPED PURSUANT TO 49 CFR PART 382.

IN CONJUNCTION WITH MY RECEIVING A COPY OF THE PROGRAM I FURTHER ACKNOWLEDGE THE FOLLOWING:

1. I HAVE READ THE PROGRAM AND FULLY UNDERSTAND THE TERMS CONTAINED THEREIN AND THE CONSEQUENCES FOR VIOLATING ANY TERM OF THE PROGRAM.
2. I UNDERSTAND THAT MY COMPLIANCE WITH ALL TERMS OF THE PROGRAM IS A CONDITION OF MY EMPLOYMENT WITH BUCCILLI LLC AND I AGREE TO ABIDE BY ALL TERMS OF THE PROGRAM
3. IF I POST-ACCIDENT DRUG TEST IS REQUIRED UNDER THE PROGRAM AND I AM SERIOUSLY INJURED AND UNABLE TO PROVIDE SPECIMEN AT THE TIME OF THE ACCIDENT, THEN THIS ACKNOWLEDGEMENT SHALL BE CONSIDERED MY AUTHORIZATION FOR BUCCILLI LLC OR IT'S DESIGNATED



18 FOREST LANE, ELK GROVE VILLAGE, IL 60007

TEL: 1-312-498-7219

FAX: 1-312-254-3406

EMAIL: INFO@BUCCILLILOGISTICS.COM

REPRESENTATIVE TO OBTAIN HOSPITAL REPORTS AND OTHER DOCUMENTS WHICH WOULD INDICATE WHETHER THERE WERE ANY CONTROLLED SUBSTANCES IN MY SYSTEM

- I AUTHORIZE THE COLLECTION SITE, LABORATORY AND/ OR MEDICAL REVIEW OFFICER RETAINED BY BUCCILLI LLC TO PERFORM ANY AND ALL FUNCTIONS, WHICH THOSE ENTITIES AND/ OR INDIVIDUALS MAY BE, REQUIRED TO PERFORM PURSUANT TO APPLICABLE FEDERAL DEPARTMENT OF TRANSPORTATION REGULATIONS. SUCH AUTHORIZATION SHALL INCLUDE, BUT IS NOT LIMITED TO BUCCILLI LLC VERIFICATION OF THE USE OF PRESCRIBED MEDICATION, OBTAINING INFORMATION FROM THE DRIVER'S PHYSICIAN, HOSPITAL, DENTIST OR PHARMACIST AND THE

REPORTING OF NEGATIVE TEST RESULTS WITH A QUALIFYING STATEMENT IN CASES WHEREIN A DRIVER MAY BE TAKING A LEGALLY- PRESCRIBED SCHEDULE II DRUG.

I HEREBY RELEASE AND HOLD HARMLESS BUCCILLI LLC AND ITS EMPLOYEES AND AGENTS FROM ANY LIABILITY WHATSOEVER ARISING FROM THE PROGRAM.

APPLICANT'S SIGNATURE	DATE	WITNESSED BY	DATE
-----------------------	------	--------------	------

ACKNOWLEDGEMENT OF RECEIPT OF THE DRIVER MANUAL AND PASSENGER AUTHORIZATION

I HEREBY ACKNOWLEDGE RECEIPT OF THE DRIVER MANUAL FOR BUCCILLI LLC DRIVERS ("MANUAL") AND AGREE THAT:

- I WILL READ THIS MANUAL WITHIN THE NEXT THREE (3) DAYS
- IF, FOR ANY REASON, MY ASSOCIATION WITH BUCCILLI LLC IS TERMINATED, I AGREE TO RETURN THIS MANUAL IMMEDIATELY THEREAFTER
- NOTHING CONTAINED IN THIS MANUAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN BUCCILLI LLC AND ME FOR EITHER EMPLOYMENT OR THE PROVIDING OF ANY BENEFIT.

I WILL NOT ALLOW ANY PASSENGERS TO ENTER ANY PART OF THE EQUIPMENT WITHOUT PRIOR APPROVAL. NO ONE UNDER THE AGE OF THIRTEEN WILL BE ALLOWED IN A TRUCK OF ANY TIME. I UNDERSTAND THAT IF I FAIL TO ADHERE TO THE ABOVE REQUIREMENTS I MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING TERMINATION

APPLICANT'S SIGNATURE	DATE		Cristina Montgomery, CEO
		COMPANY REPRESENTATIVE SIGNATURE	PRINTED NAME & TITLE

DRIVER AGREEMENT OF AUTOMATIC PAYROLL DEDUCTIONS

I ACKNOWLEDGE AND UNDERSTAND THAT I AM GIVING MY CONSENT/PERMISSION TO DEDUCT FROM WHICH WEEKLY PAYROLL ANY OF THE FOLLOWING THAT MAY APPLY:

- ALL CASH ADVANCES. I UNDERSTAND THAT I WILL BE REIMBURSED FOR ITEMS THAT I HAVE HAD PRIOR APPROVAL FROM MY SUPERVISOR AND PRESENT AN ORIGINAL RECEIPT.
- ESCROW HELD BY BUCCILLI LLC IS \$1,000.00(IN WEEKLY INSTALLMENTS OF \$250.00 UNTIL FULLY FUNDED.
- FOR EVERY ACCIDENT/ DAMAGE TO TRUCK/CARGO/LIABILITY DRIVER WILL BE CHARGED \$1000 PER EACH INCIDENT AS DEDUCTABLE.
- ALL CITATIONS, PENALTIES, FINES AND ASSOCIATED COSTS THAT THE COMPANY PAYS ON MY BEHALF. ALSO THE COSTS ASSOCIATED WITH GETTING THE UNIT LEGAL, NOT LIMITED TO TOWING COMPANY BILLS, THE COST OF HAVING ANOTHER DRIVER COME TO MY AID AND ALL OTHER COSTS THAT THE COMPANY MAY INCUR ON MY BEHALF.
- IF A DRIVER ABANDONS THE TRUCK AND/OR TRAILER HE/SHE WILL BE CHARGED \$ 2.00 PER MILE FOR RECOVERY FEES SO THAT THE EQUIPMENT CAN BE BROUGHT BACK TO THE MAIN OFFICE. THE RECOVERY FEES ARE CALCULATED FROM THE DISTANCE OF ELK GROVE VILLAGE, IL TO THE LOCATION OF THE ABANDONED EQUIPMENT AND BACK. THE DRIVER WILL ALSO BE CHARGED FOR ANY UNAUTHORIZED MILEAGE ON THE EQUIPMENT. THE UNAUTHORIZED MILEAGE WILL BE CHARGED AT \$ 2.00 PER MILE.
- DRIVER WILL BE CHARGED \$25.00 FOR THE FIRST LATE PICK UP OR DELIVERY PLUS ANY ADDITIONAL PENALTIES THAT BUCCILLI LLC WAS CHARGED. FOR ANY ADDITIONAL LATE PICK UP OR DELIVERY DRIVER WILL BE CHARGED \$50.00 PLUS ANY ADDITIONAL PENALTIES THAT BUCCILLI LLC WAS CHARGED. I ACKNOWLEDGE FINANCIAL RESPONSIBILITY FOR COMPANY PROPERTY PROMISING TO RETURN ALL COMPANY PROPERTY AND PAY ANY MONIES OWED TO THE COMPANY UPON TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CHARGES PERTAINING TO THE PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN IF I DO NOT REMAIN WITH THE COMPANY FOR MORE THAN 3 MONTHS. A MINIMUM OF \$ 300.00 WILL BE DEDUCTED FROM MY PAY. DRIVER WILL BE CHARGED FOR ANY DAMAGES MADE TO THE EQUIPMENT RECEIVED.
- I FURTHER AGREE TO RETURN ALL EQUIPMENT TO:

BUCCILLI LLC
18 FOREST LANE, ELK GROVE VILLAGE IL 60007

APPLICANT'S SIGNATURE	DATE
-----------------------	------