

# ***MK LOGISTICS, LLC***

4157 7<sup>th</sup> Street  
Wyandotte, MI 48192

Voice: (734) 285-4714  
Fax: (734) 285-5862

## **DRIVER'S APPLICATION FOR EMPLOYMENT**

**Applicant Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

In compliance with Federal 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 status.

### **TO BE READ AND SIGNED BY 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, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and 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(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) 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 attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**\*\*\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **FOR COMPANY USE**

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions-please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ S.S.N. \_\_\_\_\_

Last

First

Middle

**List your addresses of residency for the past 3 years.**

**Current Address** \_\_\_\_\_

Street

City

Phone \_\_\_\_\_ How Long? \_\_\_\_\_

State

Postal Code

yr./mo.

**Previous**

**Addresses**

Street

City

State & Postal Code

yr./mo.

How Long? \_\_\_\_\_

How Long? \_\_\_\_\_

Street

City

State & Postal Code

yr./mo.

How Long? \_\_\_\_\_

Street

City

State & Postal Code

yr./mo.

Do you have the legal right to work in the U.S.? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered. \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? \_\_\_\_\_

If yes, explain why if you wish \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **10** years. List complete mailing address, street number, city, state and zip code along with phone number. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<b>EMPLOYER</b>	<b>DATE</b>	
NAME	From	To
ADDRESS	POSITION HELD	
CITY STATE ZIP CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS? WHILE EMPLOYED?		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		

<b>EMPLOYER</b>	<b>DATE</b>	
NAME	From	To
ADDRESS	POSITION HELD	
CITY STATE ZIP CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS? WHILE EMPLOYED?		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		

<b>EMPLOYER</b>	<b>DATE</b>	
NAME	From	To
ADDRESS	POSITION HELD	
CITY STATE ZIP CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS? WHILE EMPLOYED?		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		

<b>EMPLOYER</b>	<b>DATE</b>	
NAME	From	To
ADDRESS	POSITION HELD	
CITY STATE ZIP CODE	SALARY WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS? WHILE EMPLOYED?		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		

## EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	From		To	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS? WHILE EMPLOYED?				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				

\*Includes vehicles having a GVWR of 26, 001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver) or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10, 001 pounds or more. 2) is designed or used to transport more than 8 passengers (including the driver), OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS** AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EXPERIENCE AND QUALIFICATIONS—DRIVER

List all driver licenses or permits held in the last 3 years.

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
<b>DRIVER LICENSE</b>				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

B. Have any license, permit or privilege ever been suspended or revoked?

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

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**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	WRITE TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REEFER)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM M/Y	TO M/Y	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
TRACTOR- THREE TRAILERS				
MOTORCOACH- SCHOOLBUS (MORE THAN 8 PASSENGERS)				
MOTORCOACH SCHOOLBUS (MORE THAN 15 PASSENGERS)				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM:

**EXPERIENCE AND QUALIFICATIONS – OTHERS**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THEN AS SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CHOOSE HIGHEST GRADE COMPLETED:

HIGH SCHOOL:

COLLEGE:

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

**\*\*\*SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## MVR Driver Authorization and Release

I understand the Employer or Insurer ("Company") has my authorization to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: Motor Vehicle Records, FMCSA PSP Records, Drug Screen, Pre-Employment Verification and Identify Verification. I hereby authorize MVRcheck.com an agent of the Company to make a thorough background investigation of all information given by me to the Company. You have the right, upon written request and made within a reasonable time, to request whether a consumer report has been run about you. Upon request, Company or MVRcheck.com will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act. A copy of this form is as valid as the original.

**The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.**

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's SSN (Last 4): \_\_\_\_\_

Drivers License No: \_\_\_\_\_

Address (current): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Company Requesting Report:  MK Logistics, LLC  Company Location (State):  MI

**California, Minnesota and Oklahoma Applicants:** Please check the box if you would like to receive a copy of your consumer report if one is obtained by the company.

**Notice to New York Applicants:** Under Article 25 section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

1. In consideration with your application for employment with **MK Logistics, LLC** ("Prospective Employer, Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and in unable to provide you the specific reasons why the adverse action as taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within three business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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

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

2. I authorize **MK Logistics, LLC** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) System to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding m suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.gov>. If I am challenging such crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections with or without violations appear on the PSP report. State citation associated with FMCSA violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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*(continued next page)*

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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*Print Name (Carrier/Driver)*

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*Signature (Carrier/Driver)*

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*Date*

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5. LAST UPDATED 12/22/2015





# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

## **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

## **SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he /she a: Company Driver? Yes  No  Contractor? Yes  No

Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

➤ While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

➤ Reason for leaving: \_\_\_\_\_

➤ Would you re-employ this person: Yes  No  Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### **Previous Employer Representative Supplying Information:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date

*Please remember to retain a copy for your records; your timely response is appreciated.*

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: MK Logistics LLC Contact Person: Jenny Gibson  
 Address: 4157 Seventh Street City, State, Zip: Wyandotte, MI 48192  
 Phone #: 734-285-4714 Confidential Fax #: 734-285-5862

## Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
 Print Name  
 of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Applicant's Signature \_\_\_\_\_ SSN or ID Number \_\_\_\_\_ D.O.B. \_\_\_\_\_ Today's Date

## **SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION**

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.\*

\* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

*Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.*

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

## **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

## **SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he /she a: Company Driver? Yes  No  Contractor? Yes  No

Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

➤ While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

➤ Reason for leaving: \_\_\_\_\_

➤ Would you re-employ this person: Yes  No  Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### **Previous Employer Representative Supplying Information:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date

*Please remember to retain a copy for your records; your timely response is appreciated.*

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**Carrier Name:** MK Logistics LLC                      **Contact Person:** Jenny Gibson  
**Address:** 4157 Seventh Street                      **City, State, Zip:** Wyandotte, MI 48192  
**Phone #:** 734-285-4714                      **Confidential Fax #:** 734-285-5862

### ***Driver to Complete This Section***

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I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
Print Name  
of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Applicant's Signature                      SSN or ID Number                      D.O.B.                      Today's Date

### ***SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION***

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	<b>YES</b>	<b>NO</b>
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.\*

\* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

***Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.***

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➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he /she a: Company Driver? Yes  No  Contractor? Yes  No

Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

➤ While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

➤ Reason for leaving: \_\_\_\_\_

➤ Would you re-employ this person: Yes  No  Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### **Previous Employer Representative Supplying Information:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please remember to retain a copy for your records; your timely response is appreciated.*

**Release of Liability for Investigative Inquiries**

I authorize MK Logistics, LLC to make such investigations and inquiries of my personal, employment, drug and alcohol testing or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand the information I provide regarding current and/or previous employers may be used, and those employer(s) 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 to previous employers and for those previous employers to re-send the corrected information to the prospective employers; and,
- Have a mutual statement attached to the alleged erroneous information. If the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
Applicant - Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**\*\*\*\*\*Applicant Signature**

\_\_\_\_\_  
Date

# MK Logistics, LLC

4157 Seventh Street  
Wyandotte, MI 48192  
(734) 285-4714 - office  
(734) 285-5862 - fax  
(313) 477-4990 - cell

\_\_\_\_\_ (Carrier or Driver) Agree that he/she has received  
the Alcohol and Drug Use Policy for MK Logistics, LLC.

\_\_\_\_\_  
Print Name *(Carrier/Driver)*

\_\_\_\_\_  
Signature *(Carrier/Driver)*

\_\_\_\_\_  
Date

# MK Logistics, LLC

4157 Seventh Street  
Wyandotte, MI 48192  
(734) 285-5861 - office  
(734) 285-5862 - fax  
(313) 477-4990 - cell

\_\_\_\_\_ (Carrier or Driver) Agree that he/she will not use a cell phone for conversations or texting while driving. Driver further acknowledges that he/she will be the sole responsible party for any ticket received in violation of this agreement.

\_\_\_\_\_  
Print Name *(Carrier/Driver)*

\_\_\_\_\_  
Signature *(Carrier/Driver)*

\_\_\_\_\_  
Date



# MK Logistics, LLC

4157 Seventh Street  
Wyandotte, MI 48192  
(734) 285-5861 - office  
(734) 285-5862 - fax  
(313) 477-4990 - cell

\_\_\_\_\_ (Carrier or Driver) Agrees to hold harmless and indemnify MK Logistics, LLC and any of its affiliated companies against any and all awards by a Worker's Compensation Court or similar administrative body or court of law, arising out of any claims by any employee or agent of Carrier/Driver for work related injuries.

\_\_\_\_\_  
Print Name *(Carrier/Driver)*

\_\_\_\_\_  
Signature *(Carrier/Driver)*

\_\_\_\_\_  
Date

# MK Logistics, LLC

4157 Seventh Street  
Wyandotte, MI 48192  
(734) 285-5861 - office  
(734) 285-5862 - fax  
(313) 477-4990 - cell

## IMPORTANT NOTICE

These steps **MUST** be taken on each load:

- Read your rate confirmation. Follow any special instructions. Any fines resulting from non-compliance will be assessed to the Driver.
- Call/Text Harry (313) 477-4990 once you've arrived at the shipper or receiver.
- Call the broker once you've arrived at the shipper or receiver.
- Call/Text Harry (313) 477-4990 once you've been delayed for two (2) hours. If we do not let the broker know, then no detention will be paid.
- Call/Text Harry (313) 477-4990 once you're loaded and unloaded. If there are any problems (ie damaged or short product) call him immediately and do not leave until he authorizes you to do so.
- Text/Email Harry (313) 477-4990 or [mklogisticllc@gmail.com](mailto:mklogisticllc@gmail.com) all BOL's and lumper receipts. If there are multiple pages to BOL, all must be emailed. These must be sent by the time you get loaded at your next stop.
- If you have a window time on the load then be there at the beginning of the window. This will help in securing your next load.

---

Driver Signature

---

Date

# MK Logistics, LLC

4157 Seventh Street  
Wyandotte, MI 48192  
(734) 285-5861 - office  
(734) 285-5862 - fax  
(313) 477-4990 - cell

## INDEPENDENT CONTRACTOR STATEMENT

Independent Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

The purpose of this form is to document that the above Owner operator or Driver is an Independent Contractor, not subject to Workers Compensation law, and therefore does not qualify for Workers Compensation coverage.

- I am a sole proprietor/independent contractor.
- I do not have any employees and do not pay any labor expenses.
- I am the owner operator of the truck used.
- I am a solo driver.
- I pay my own business expenses.
- I acknowledge that as an Independent Contractor, I am not by law, subject to the Workers Compensation act.
- If any of the above should change, I will notify you prior to performing the next job.
- I will not hold MK Logistics, LLC responsible for any liability if I should become hurt or injured on the job.

\_\_\_\_\_  
Print Name (*Carrier/Driver*)

\_\_\_\_\_  
Signature (*Carrier/Driver*)

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
<b>or</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>						-		
	-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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.")*

<b>Employee Info from Section 1</b>	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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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 <b>MK Logistics LLC</b>		
Employer's Business or Organization Address (Street Number and Name) <b>4157 Seventh Street</b>	City or Town <b>Wyandotte</b>	State <b>MI</b>	ZIP Code <b>48192</b>	

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**