

Brenny Specialized, Inc.

Do you have what it takes to be part of Champion Company that cares about Safety, Integrity, Image and most important Grand Champion Customer Service?



We are always interested in qualified, safe Drivers!

Starting Pay Scale for Company Drivers

1 year or less experience - .30 to .32cpm
2-5 yrs experience - .32 to .34cpm
5yrs + experience - Negotiable

Flatbed Tarp Pay \$30.00.

Stop Pay is \$15.00.

O.D. Pay is \$50.00 a day + routed miles

Most of our van freight is no touch. On occasion we do handle padwrap furniture loads and handling blankets is required.

Our Drivers are on a Per Diem Program.

Our drivers average 2500 – 3000 miles a week.

Benefits

\$50 a month cell phone allowance

\$100 a day Holiday Pay

Safety Bonus

After 3 months

Health Life and Dental

3mo Review and assessment of Salary

Fuel Bonus Eligibility and

Grand Champion Driver Bonus

After 1 year

5 days vacation @ \$155 a day

401k 2% company match

After 2 year

10 days vacation @ \$155 a day

Identification and Requirements

Class A Drivers License

Must be eligible to travel in Canada

Passport Required

What we are looking for...

We are looking for drivers with flexibility, that have experience or are willing to learn a variety of trucking responsibilities, for Flatbed, Step-deck and Van loads.

We haul to all 48 states and Canada!

25% to the Southeast

20% to the South

15% to the West

15% to the Northeast

15% to Canada

10 % to the Southwest

*Brenny is successful because we run everywhere

– “we don’t go there” is not in our vocabulary.

If our customers freight goes there

-our trucks go there!

Please Contact BobbiJo Dinesen

Safety Manager

320-363-6996

safety@brennytransportation.com

Please visit us on the Web!

www.brennytransportation.com



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

For Assignment To / TLC Client Name: _____
TLC Client Address: _____

Position Applying For: Type of Truck _____
Local ____ OTR ____ License Type/Class required: A B C Other _____

DATE OF APPLICATION: ____/____/____

All questions on this form must be completed. Please Print and Use Ink.

Name: _____ Last First Middle		Social Security Number: _____		
Address: _____		County: _____		
City, State, Zip: _____		Home Phone: () Mobile Phone: ()		
Address For Past Three Years	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	How Long? _____
Date of Birth ____/____/____ <small>(Required for Commercial Drivers)</small>	Have you applied or worked for TLC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who referred you to TLC? _____		

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any local, city or county taxes you are subject to: _____
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment: _____	What school district do you live in? _____
Is there any reason you would not be able to perform the functions of the job for which you have applied (as described in the attached essential job functions worksheet)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain below: _____ _____	

EMERGENCY INFORMATION				
In case of emergency, contact:	Name: _____	Relationship: _____	Phone Number: _____ ()	City, State: _____

EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or most recent EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	SALARY/WAGE:	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

EMPLOYMENT HISTORY CONTINUED

EMPLOYER			DATES			
NAME:			FROM MO.	YR.	TO MO.	YR.
ADDRESS:			POSITION HELD:			
CITY:		STATE:	ZIP:		SALARY/WAGE:	
PHONE #: ()	CONTACT PERSON:		REASON FOR LEAVING:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER			DATES			
NAME:			FROM MO.	YR.	TO MO.	YR.
ADDRESS:			POSITION HELD:			
CITY:		STATE:	ZIP:		SALARY/WAGE:	
PHONE #: ()	CONTACT PERSON:		REASON FOR LEAVING:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER			DATES			
NAME:			FROM MO.	YR.	TO MO.	YR.
ADDRESS:			POSITION HELD:			
CITY:		STATE:	ZIP:		SALARY/WAGE:	
PHONE #: ()	CONTACT PERSON:		REASON FOR LEAVING:		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPERIENCE AND QUALIFICATIONS - DRIVER				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
	ENDORSEMENTS:			
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES <input type="checkbox"/> NO <input type="checkbox"/> B. Has any license, permit or privilege ever been suspended or revoked?YES <input type="checkbox"/> NO <input type="checkbox"/> C. Disregard this question if you are a Massachusetts resident – Have you ever been convicted of a felony?.....YES <input type="checkbox"/> NO <input type="checkbox"/> D. Have you ever tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?.....YES <input type="checkbox"/> NO <input type="checkbox"/>				**If you answered yes to any of these questions please provide details on a separate sheet**

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES (TOTAL)
		FROM:	TO:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:	/ /		
NEXT PREVIOUS:	/ /		
NEXT PREVIOUS:	/ /		
NEXT PREVIOUS:	/ /		

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	1 2 3 4 5 6 7 8	HIGH SCHOOL	1 2 3 4	COLLEGE	1 2 3 4
LAST SCHOOL ATTENDED		NAME:		DATE:	

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

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

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. Specifically, I understand that consumer reports may be requested from DAC Services. These reports may include the following types of information: previous employers, dates of service, reason for termination, accidents, etc. I further understand that such reports may contain from federal, state or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize TLC to release any and all information regarding myself to any of its' lessees that TLC may consider assigning me to.

You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

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.

Date

Applicant's Signature



Corporate Offices
6180 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

REQUEST FOR INFORMATION FROM A PREVIOUS EMPLOYER

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

I hereby authorize you, a DOT Regulated Employer for whom I have worked in the last 3 years, to release the following information to The TLC Companies for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. **A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS (FMCSR 40.321).**

Date _____ Applicant's Signature _____ Applicant's Printed Name _____

Previous Employer Name: _____ Fax #: _____
Address: _____ Phone #: _____

The individual named below has applied to our company, or one of our client companies, for a position as a **Commercial driver** and states that he/she was employed by your company as a(n) _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to 219-926-9627 Attention: _____, TLC Customer Service Rep.

1. Name of applicant: _____		SS#: _____
2. Employed from: _____ to: _____		as(n): _____
3. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____		
4. If a tractor-trailer, what type of trailer? <input type="checkbox"/> Dryvan <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container		
5. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR		6. Were DOT Logs Required to be kept? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was he/she an on-time and dependable driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Was his/her overall work record satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Reason for leaving your employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Military		
10. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____		
11. Please advise of any injuries, illnesses or prescribed medications: _____		
12. Please advise of dates and details of any DOT reportable accidents or tickets (specify # of injuries, fatalities, property damage, hazardous spills, etc.): _____		
13. Do you know of any reason why this person could not perform all the required duties of this position? _____		
14. Comments regarding safety habits, awards, work ethics, skills, attitude, etc.: _____		
15. In the past <u>3 years</u> did he/she:		
test 0.04 or greater for alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
test positive for Controlled Substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
refuse to be tested while in your employ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
violate any other Drug/Alcohol prohibitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge fail a drug or alcohol test for a previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above questions, please provide date test was failed or refused _____		
If YES to the above, did the driver follow the mandatory treatment steps? _____		
Person providing verification, please sign this form:		
SIGNATURE: _____	TITLE: _____	DATE: _____



- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

RELEASE & CONSENT FORM
 CONSUMER REPORTS
 HireRight

Personnel Office
 325 S. Calumet Rd. Suite 1
 Chesterton, IN 46304
 Ph 800-926-8440

PART 1 – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to The TLC Companies and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to the TLC Companies. This authorization shall expire if and when my worksite employer is no longer a client of the TLC Companies. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

Applicant Name (Printed): _____ *Applicant Signature:* _____
Social Security Number: _____ *Date:* _____

PART 2 – CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from HireRight or other Consumer Reporting Agencies ("CRA"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, credit reports work experience, accidents, academic history, professional credentials, and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from CRA concerning previous driving record requests made by others from such state agencies and state provided driving records. If final adverse action is taken against you based upon a background report, TLC will notify you that the action has been taken and that the background report was the reason for the action.

I authorize TLC 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 the 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 schools and educational institutions, professional or business associates, and friends and acquaintances that TLC might contact in the course of conducting a reference check or background investigation of my suitability for employment. You have the right to make a request to CRA, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that CRA previously furnished within the three-year period preceding your request. The TLC Companies can be contacted by mail at 325 S. Calumet Road, Suite 1, Chesterton, IN, 46304 or by phone at 1-800-926-8440.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY CRA, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART 1.

I hereby consent to your obtaining the above information from CRA, and I agree that such information which CRA has or obtains, and my employment history (not Drug and Alcohol Information without a specific consent from me) with you if I am hired, will be supplied by CRA to other companies which subscribe to CRA. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part 2 reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period. 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 TLC. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for the TLC's 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 TLC 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 against TLC 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 Consumer Report Disclosure and Release provided to me by TLC and I understand that if I sign this consent form, TLC and /or any entity it retains to obtain such background reports 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 TLC, its employees, agents, and affiliates to obtain the information authorized above.

Applicant Signature: _____ *Date:* _____

Applicant Name (Printed): _____

Release and Consent Form

USIS/DAC Services

Disclosure and Release – DAC Services Reports

In connection with my application for employment (including contract for services with you), I understand consumer reports that may contain public record information may be requested from USIS/DAC Services, Tulsa, Oklahoma or any other agency contracted by Brenny Specialized, Inc. These reports may include the types of information listed below. I further understand that such reports may contain public record information concerning my driving record worker's compensation claims, criminal records and other records, etc., from federal, state and other agencies which maintain such records; as well as information from Brenny Specialized, Inc. or USIS/DAC Services concerning previous driving record requests made by others from such state agencies, Insurance agencies and state provided driving records. I also understand that I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and recipients of any reports on me which USIS/DAC has previously furnished within the two year preceding my request.

Applicant Name _____ SSN# _____

Drivers License Number _____ State _____ DOB _____

Address _____ City _____ State _____

Previous Address (complete only if above address is less than 10 years)
_____ City _____ State _____

Telephone _____ - _____ - _____

The following reports may be requested:

Workers Comp Claims	Employment History	20/20 Criminal Records	Motor Vehicle Record
State Criminal Records	Experian Credit Reports	Sex Offender analysis	CDL check

Authorization Statement

I hereby consent to the communication of results and other information acquired in the process between and among the Company, its agents, representatives and employees who have legitimate need to know. I understand that I am entitled to receive a copy of this authorization. I authorize Brenny Specialized, Inc., USIS/DAC Services, and any of its affiliates to perform any/all of the investigations mentioned in this authorization as need or required. I further authorize any companies, counties, or agencies to release information, up request, pertaining to me to Brenny Specialized or its authorized representatives.

Final Candidate Signature _____ Date _____



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

MOTOR VEHICLE CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
ADDRESS (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
		EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None)			

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature Date

_____ _____
Printed Name Title



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

ESSENTIAL JOB FUNCTIONS WORKSHEET COMMERCIAL TRUCK DRIVER (CLASS A & B)

Transport Leasing/Contract, Inc.
 Payroll Plus Corporation
 The Labor Source, Inc.

Personnel Office
325 S. Calumet Rd. Suite 1
Chesterton, IN 46304
Ph 800-926-8440

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied. Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability who can perform these essential functions with or without reasonable accommodations.

These statements/questions pertain only to the essential functions of the job for which you are applying.

1. Can you sit and drive as is required for an 11-hour shift?
 YES NO
2. Can you perform repetitive motion tasks with your hands and wrists?
 YES NO
3. Can you push and pull levers or objects that require 100 lbs. of force or more?
 YES NO
4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?
 YES NO
5. If required, are you able to you reach and lift 60 lbs. above your head?
 YES NO
6. Can you climb stairs to safely get in and out of a truck or with a load regularly?
 YES NO
7. Can you grip, grasp and twist using your hands and wrists constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic controls of a truck?
 YES NO
8. If required, are you able to lift and move 100 lbs. or more?
 YES NO
9. Is there any reason you may not be considered physically qualified to operate a commercial motor vehicle per the qualifications set forth in part §391.41 of the Federal Motor Carrier Safety Regulations?
 YES NO
If Yes, please explain: _____

For any No answers to questions 1-8 above, please explain below:

*Prompt and reliable attendance is a job requirement.
I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.*

Signature of Employee

Date

Printed Name

Social Security Number

Brenny's Mission Statement!

*It takes Grand Champion Customer Service, along with transportation knowledge and dedication to move freight. At Brenny we strive to provide the kind of Customer Service so hard to find in this fast paced world we live in. Brenny customers get the personal service and attention they deserve. Brenny customers never doubt that we care, they know we care! The fact of the matter is, Brenny cares about what is important; *Customer Service.* With our transportation trained Customer Service representatives & Professional drivers, our Customer's freight will move the safest and most cost efficient way possible! We pride ourselves on our honesty, integrity, & community involvement. Our Customer Service reflects only ethical principles and this allows Brenny to be the "Grand Champions of Customer Service!"*

I understand and agree with Brenny's mission statement. I will follow the Brenny mission statement to the best of my ability. I understand how important Customer Service is to Brenny Transportation, Inc., Brenny Specialized, Inc., & Brenny Customers.

Signature: _____ *Date:* _____

Print Name: _____

**Brenny Specialized, Inc.
Driver Expectations Policy**

07/27/2011

The following are expectations of what daily and overall functions are to be performed by any person with the job title of "truck driver" for Brenny Specialized, Inc.;

- ❖ Must be able to perform 11 hours of driving time per day
- ❖ Must be able to drive up to 70 hrs in an 8 day period
- ❖ Must be able to sit for up to 11 hours
- ❖ Must be capable of repetitive bending
- ❖ Must be capable of lifting up to 100 lbs or more
- ❖ Must comply with all D.O.T. company required paperwork
 - Fuel reports
 - Fuel receipts
 - Toll receipts
 - Scale receipts
 - Bills of Lading
 - Maintenance reports
 - Inspection reports
 - Log books
- ❖ Must be literate in reading and writing skills
- ❖ Must be on time with load pick ups and deliveries
- ❖ Must be able to tell time
- ❖ Must be able to distinguish the different time zone areas
- ❖ Must be able to read and follow a map and plan own routes
- ❖ Must be able to maintain a professional attitude and be cooperative
 - Must always be GRAND CHAMPION, by living up to the BRENNY MISSION STATEMENT AND ABIDING BY THE BRENNY CLUTURE AND CODE OF ETHICS.
 - Never knowingly Defame Brenny Specialized, Inc. it's affiliated companies, employees, agents or customers.
 - Discuss issues professionally with appropriate departments with in the company
- ❖ Must never modify Brenny Equipment with out written permission by management
- ❖ Must never have passengers in Brenny Equipment with out written permission (This means equipment leased to the company by an Owner Operator as well.)
- ❖ Must maintain a neat, clean appearance of themselves
- ❖ Must maintain a neat, clean appearance of Brenny Specialized Trucks and Properties
- ❖ Must be mechanically inclined in brake adjustment, fueling and fluids
- ❖ Must comply with all D.O.T. federal, state and company regulations
- ❖ Must be able to load and unload freight, capable of excessive manual labor
- ❖ Must meet all company requirements for qualification
- ❖ Must have company required experience in applicable equipment; applicable equipment to be: dry van, flatbed, and/or other specific types.
- ❖ Must be physically able to, but not limited to, climb in/out & on/off of tractors and trailers on a repetitive basis
- ❖ Must possess a valid, class A CDL in state of domicile
- ❖ Must possess a current, valid D.O.T. physical
- ❖ Must log legally exactly how it happened
- ❖ Must show at least 15 min for fuel stops
- ❖ Must turn in paperwork weekly
- ❖ Must not let personal relationships within the company affect the team members job, attitude and responsibilities. If management feels that a personal relationship is causing inconvenience or hardship for the team, one or both team members could be asked to leave.
- ❖ Must maintain Grand Champion Communication skills with dispatch
 - Must check in by 10am every morning
 - Must update dispatch with any delays to pick ups or deliveries well before the appointment times such as; weather, traffic etc...
 - Must discuss personal issues with dispatch that will effect your performance
 - Must inform Dispatch and Maintenance Department with any and all Mechanical deficiencies
- ❖ Must report accidents immediately to the Safety Department
- ❖ Must attend 4 safety meetings a year
- ❖ All missed Safety meetings must be made up with safety manager
- ❖ Must give 2 weeks notice for any days off or vacation time
- ❖ Comply with attached company policies
- ❖ All Purchases besides fuel and oil for company trucks must be pre-approved. (Credit Card, Fuel Card, Toll Money)
- ❖ Brenny Transportation, Inc. and Brenny Specialized, Inc. is under no obilegation to return, protect or insure any and/or all personal belongings a team member brings onto Brenny Transportation, Inc. and Brenny Specialized, Inc. property.

**I understand and agree to the drivers expectations listed above. I will do my best to abide by these expectations.
I also understand that Brenny is under no obligation to return, protect or insure any and /or all personal belongings brought on to Brenny Property**

Drivers Signature

Date

The Brenny Transportation Inc & Brenny Specialized Inc Culture and Code of Ethics:

Brenny is a company where team members, customers, and carriers will always be treated fairly, appreciated, and respected. Each team member will honor the Brenny Culture and hold themselves and their teammates accountable. Under no circumstances will disrespect, bad attitudes, or non-champion behavior be tolerated.

The Brenny Team and its goals will always come before individual goals. The team will always take the high road of honesty, integrity and maintain a Champion Attitude at all times. Brenny Team members will not purposely take risks that could put the team or general public in jeopardy and are expected to conduct themselves in alliance with the Brenny Culture inside and outside of the work environment.

At Brenny, all team members will be encouraged to let their best qualities shine. With the help of Champion training, education, and mentoring, team members will develop their skills to a higher level of leadership.

The Brenny Culture is one of respect and spiritual intent, we will always put humanity first, and we will be Champions of community service.

The team must be able to count on each other. True team commitment must include taking care of ourselves physically, mentally, spiritually, and emotionally.

Each team member is expected to participate in team building exercises and be willing to work on developing trust, confronting issues, team commitment, accountability, and achieving results. Each team member is encouraged to get to know other team members outside of the work environment.

Each team member must possess the willingness to go above the call of duty and always have an open mind to change. Remember, if you do not like something change it, if you cannot change it, change the way you think about it. If there is a problem, be a part of the solution.

With hard work and dedication the Brenny Team will settle for nothing less than having a team which agrees to the above culture and code of ethics. The Brenny Team must have the heart, spirit, and attitude of a Champion!!

Remember, a Champion Always Wins!

I will provide Grand Champion Customer Service, therefore, I am willingly signing & agree to live, honor, and abide by the above Brenny Culture & Code of Ethics:

Print Employee Name _____ Date _____

Employee Signature _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

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

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

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

Date: _____

Signature

Name (Please Print)