

DRIVER APPLICATION

DMF Inc, dba Dewitt Motor Freight
10920 US 10, PO Box 915
Evart, MI 49631

REFERRAL SOURCE: _____

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disability. **Applicant: Please be advised that DMF, Inc dba Dewitt Motor Freight will contact all prior/present employers you list on this application for purposes of employment and drug/alcohol testing verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.**

Date: _____

(City & State where applicant is completing this application)

(Last Name)	(First)	(MI)	(Social Security Number)

(Address – Number & Street)	(City)	(State)	(Zip Code)

() _____
 Telephone Number with Area Code (Residence) (Date of Birth)

() _____ (Note: Date of birth is required by some states to obtain an MVR report)
 Cell Phone -OR- Alternate Telephone Number

Note: If you have resided at the above address for less than three years, please list all states of residence for last three years:

Are you 21 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide proof of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for this company before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If yes, dates: _____)		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>If you are currently employed, may we contact your current employer?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you are not currently employed, what was the last day worked for last employer? _____
 (month day year)

(Check Yes or No to the following three questions)	YES	NO
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____
Have you ever had a license, permit or privilege revoked or suspended?	_____	_____
Have you ever been convicted of a felony?	_____	_____

IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED YES, PLEASE ATTACH A STATEMENT WITH DETAILS

Note: – Incomplete application forms will be delayed or not considered at all

ACCIDENT RECORD

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

TRAFFIC CONVICTIONS AND FORFEITURES (list all for past three (3) years)

Date	Location	Charge	Penalty

EDUCATION

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

EXPERIENCE – QUALIFICATIONS

List all drivers' Licenses issued to you in the last five (5) years

State	License Number	Type of License & How long?	Expiration Date	Endorsements

List states you have operated in during the last five years: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

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

X

(Date)

(Applicants Signature)

EMPLOYEE INFORMATION SHEET

Email to: Ginny Edstrom-Morris gmmorris@bcbcpa.com
Chris Bruggema cbruggema@bcbcpa.com
Christey Williams chicks@bcbcpa.com
Laura Dunlap ldunlap@bcbcpa.com
Brenda Jakubos bjakubos@bcbcpa.com
Michelle Elmore melmore@bcbcpa.com
Phyllis McInerney pmcinerney@bcbcpa.com
Amy Gibbs agibbs@bcbcpa.com

Fax to: Bookkeeping Dept.
Attn: _____
Fax (231)775-8350
No. of pages: _____
(including this one)

Company Name _____ Contact _____ Phone Number _____

Please check one of the following: ☐ New Employee ☐ Change existing employee information

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____

Home Address _____ City _____ State/Region _____ Postal Code _____ Department/Title _____

Location _____ Home Phone _____ Birthday _____ Date Hired _____ Hourly Rate _____

Is this employee a high school student? ☐ Yes ☐ No

Withholding Information: Fill out this section using the information provided by your employee's W-4 and MI W-4

W-4

☐ Single ☐ Married ☐ Married, but withhold at higher single rate

Total number of allowances _____ ☐ Exempt

Additional amount, if any, you want withheld from each paycheck \$ _____

MI W-4

Number of personal and dependency exemptions _____ ☐ Exempt

Additional amount, if any, you want withheld from each paycheck \$ _____

Misc. deductions, garnishments, or notes:

For Baird, Cotter & Bishop use only

BCB Staff Initials _____

Date _____

Employee ID _____

Employment History

All driver applicants, (to drive in interstate commerce), must provide the following information on all prospective employers during the **previous three (3) years**. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also **provide an additional seven (7) years** information on those employers for whom the applicant operated such vehicles. (Bring to list telephone numbers for each employer for use in the event of a discrepancy of job application and to returned to you. Please indicate whether your job was full-time or part-time on each employer. The Federal Motor Carrier Safety Regulations apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

LIST MOST RECENT EMPLOYER FIRST THEN WORK BACKWARD SHOWING ALL EMPLOYERS FOR TEN YEARS.

LIST ALSO, ANY PERIOD OF TIME IN WHICH YOU WERE UNEMPLOYED DURING THE PAST 10 YEARS

Present or last employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

2nd most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

3rd most recent employer – or – unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

4th most recent employer -or- unemployment period of time

Mo/Yr Mo/Yr
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (_____) _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____
Yes _____ No _____

5th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

6th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Name: _____

Position held _____ Address _____
Street City State

Reason for leaving _____ Phone No: (____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

7th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Name: _____

Position held _____ Address: _____
Street City State

Reason for leaving _____ Phone No: (____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

8th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Name: _____

Position held: _____ Address: _____
Street City State

Reason for leaving: _____ Phone No: (____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

9th most recent employer -or- unemployment period of time

Mo/Yr _____ Mo/Yr _____
From: _____ To: _____ Name: _____

Position held _____ Address _____
Street City State

Reason for leaving: _____ Phone No: (____) _____
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? Yes _____ No _____

Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40? _____ Yes _____ No _____

NOTE: IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF THIS PAGE TO LIST ADDITIONAL PAST EMPLOYERS, USING SAME FORMAT AS ABOVE OR ASK COMPANY REPRESENTATIVE FOR AN ADDITIONAL PAGE FOR LISTING PAST EMPLOYERS.

PAST EMPLOYMENT VERIFICATION
APPLICANT FILL OUT INSIDE THIS BOX ONLY

DMF Inc dba Dewitt Motor Freight - 10920 US 10, PO Box 915, Evart, MI 49631 (Ph) 231-734-6422 (Fx) 231-734-6239

I authorize DMF Inc dba Dewitt Motor Freight, and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize DMF Inc and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies such as HireRight or other agencies, which may be requested by DMF Inc to provide such information. I hereby release from all liability for damages DMF Inc and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name: _____ SSN: _____

Date of Birth: _____

Applicant's Signature: _____ DATE: _____

PAST EMPLOYER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CONTACT: _____

1. Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

2. What type of position held? _____ If driver, see below

Type of Driving:	<input type="checkbox"/> Solo	<input type="checkbox"/> Team	
Type of operation:	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Drive for Owner Operator
Was it:	<input type="checkbox"/> Over the Road	<input type="checkbox"/> Regional	<input type="checkbox"/> Local
Type Equipment:	<input type="checkbox"/> Tractor-Trailer	<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tri-Axle <input type="checkbox"/> Other
Type of Trailer:	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Van/Reefer	<input type="checkbox"/> Dump <input type="checkbox"/> Tank
	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Other _____	Trailer dimensions/capacity: _____
Types of commodities hauled:	<input type="checkbox"/> Dry Bulk	<input type="checkbox"/> Iron, Steel, Etc.	<input type="checkbox"/> Coils <input type="checkbox"/> Machine
	<input type="checkbox"/> Gen. Freight	<input type="checkbox"/> Produce	<input type="checkbox"/> Liquid <input type="checkbox"/> Scrap
	<input type="checkbox"/> Other		

3. Number of accidents/incidents while employed: _____

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

4. Was your equipment returned to an authorized location: ☐ YES ☐ NO

5. What was reason for leaving? ☐ Voluntarily Quit ☐ Layoff ☐ Discharged Why? _____

6. Is driver eligible for rehire? ☐ Yes ☐ No Why? _____

7. DRUG/ALCOHOL TEST (S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 ☐ Yes ☐ No

Has this person had an alcohol test with a result of .04 or higher alcohol concentration? ☐ Yes ☐ No

Has this person tested positive or adulterated or substituted a test specimen for controlled substance? ☐ Yes ☐ No

Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ☐ Yes ☐ No

Has this person committed other violations of Sub Part B of Part 382 or Part 40? ☐ Yes ☐ No

Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. ☐ Yes ☐ No

- If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? ☐ Yes ☐ No

In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name _____ Address _____ Phone: _____

VERIFIED BY: _____ TITLE: _____ DATE: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

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

In connection with your application for employment with DMF INC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

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

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize DMF INC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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: 1-1-11

Signature

Name (Please Print)

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 2/11/2016

FMCSA DRUG AND ALCOHOL CLEARINGHOUSE



DRUG SCREENS PLUS

Big Responsibility...Smart Choice!

3625 Clyde Park SW Suite B Grand Rapids MI 49509-4095 www.dsplus.com (800) 459-9012 FAX 616-532-4644

DRIVER EDUCATION MATERIALS/RECEIPT

The FMCSA Clearinghouse is an online database containing records of drug and alcohol violations.

Employers are required to check the Clearinghouse for all new hires and also annually for all employed drivers.

Drivers must give consent to their employer to run the annual Clearinghouse check.

Drivers are only required to register in the Clearinghouse if they are seeking new employment or if there is driver information in the Clearinghouse on them.

Drivers will be notified by the Clearinghouse whenever any information is added, revised, or removed. The notification will be sent by mail using the address associated with the driver's CDL if the driver is not registered with the Clearinghouse

Driver information that will be reported to the Clearinghouse will include:

1. Any verified positive, adulterated, or substituted drug test
2. Any confirmed alcohol test result that is 0.04 or higher
3. Any refusal to submit to a DOT required test
4. Any verified and documented actual knowledge of drug/alcohol violations
 - a. Any on-duty alcohol use
 - b. Any alcohol use within 4 hours of going on duty
 - c. Any alcohol use within 8 hours of an accident or before a post-accident test is completed
 - d. Any prohibited drug use while on duty
5. Completion of the SAP evaluation and treatment
6. Any negative return to duty test results
7. Completion of the follow up testing determined by the SAP

I acknowledge receiving educational material about the FMCSA Drug and Alcohol Clearinghouse as required under §382.601(b)(12).

Driver's name: _____ Date: _____

Driver's signature: _____

**DRIVER QUALIFICATION FILE RECORD
OF CONTROLLED SUBSTANCE TEST RESULTS**

Company Name DeWitt Motor Freight Driver's Name _____
Address 10920 U.S. 10
P.O. Box 915 Address _____
Evart, MI 49631
City _____ State _____ Zip _____ City _____ State _____ Zip _____

1. The types of controlled substances testing for which the driver submitted a urine specimen:

2. Check type of test: ☐ Alcohol ☐ Controlled Substance
3. Check reason for test: ☐ Pre-employment ☐ Random ☐ Reasonable suspicion/cause
☐ Post-accident ☐ Return to duty ☐ Follow-up

4. The date of collection

Month _____ day _____ Year _____

5. The location of the collection site

Name _____

Street _____

City _____

State _____

Zip _____

6. The identity of the person or entity:

(i) Performing the collection

(ii) Analyzing the specimens

(iii) Serving as Medical Review Officer

7. Results of the test:

(check one) Negative _____ Positive _____

Identify controlled substances if positive

**NOTE: THE TEST PERFORMED IS
IN ACCORDANCE WITH PART 40
OF 49 U.S.C.**

***Important Notice Regarding Background Reports From the
PSP ONLINE SERVICES***

In connection with your application for employment with DMF Inc, dba Dewitt Motor Freight, we may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If DMF Inc uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, DMF Inc 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, DMF Inc will notify you that the action has been taken and that the action was based in part or in whole on this report. DMF Inc cannot obtain background reports from FMCSA unless you consent in writing. If you agree that DMF Inc may obtain such background reports please read the following and sign below:

I authorize DMF Inc 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 DMF Inc to make a determination regarding my suitability as an employee.

I further understand that neither DMF Inc 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 DMF Inc and I understand that if I sign this consent form, DMF Inc may obtain a report of my crash and inspection history. I hereby authorize DMF Inc and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature _____

Social Security No: _____ Print Name: _____

License Number: _____ License State: _____

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT

Pre-employment history of applicant

CFR 49 Sec. 40.25(j) – As an employer, we must ask the applicant whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for but did not obtain safety-sensitive transportation work covered by Department of Transportation drug and alcohol testing rules, during the past two years.

If the applicant admits that he/she had a positive test or refusal to test, we cannot use the applicant to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (c) of section 40.25).

DMF INC, dba Dewitt Motor Freight
Ewart, MI 49631

Applicant Name	
Social Security Number	

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules during the past two years?

Check One: Yes ☐ No ☐

2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation, return-to-duty requirements?

Check One: Yes ☐ No ☐

X _____

(Signature of Applicant)

(Date)

(Witnessed by – Signature)

(Date)

APPLICANT NOTIFICATION AND RELEASE FORM

In connection with my application for employment (including contract for services) with DMF Inc, I understand consumer reports that may contain public record information, may be requested from HireRight (or like services) or from state agencies. These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. Such reports can be furnished by federal, state and other agencies that maintain such records, as well as information from HIRERIGHT (or like services) concerning previous driving record requests made by others from such agencies, and states providing driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT (or like agencies) OR STATE AGENCIES TO FURNISH THE ABOVE REFERENCED INFORMATION.

I have the right to make a request to HIRERIGHT (or like services), 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 the recipients of any reports on me which HIRERIGHT (or like services) has previously furnished within the last two year period preceding my request. I hereby consent to your obtaining the above information from HIRERIGHT (or like services), and agree that such information, which you obtain and my employment history with DMF Inc, if I am hired, will/can be supplied to HIRERIGHT (or like services) and to other companies which may subscribe to HIRERIGHT (or like services).

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for DMF Inc to procure consumer reports including MVR reports, at any time during my employment (or contract) period.

I further/also understand my employment with DMF Inc will be pending a **NEGATIVE** pre-employment drug screen result.

(Print Name – Last, First, Middle Initial)

(Social Security Number)

(Applicants Signature)

(Date – dd, mm, yy)



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 (See instructions)
<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. (See instructions)
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.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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
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State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.¹ This form is recommended for use by all employers who do not report electronically.

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at:
www.mi-newhire.com.

- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: <http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi> or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports will be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A B C 1 2 3

EMPLOYEE Information (Mandatory)

First Name:

Last Name:

Address:

City:

Zip Code:

Social Security Number:

Middle Initial:

State:

Hire Date:

Date of Birth:

Driver's License No:

EMPLOYER Information (Mandatory)

Federal Employer Identification Number (FEIN):

Employer Name:

Address:

City:

State:

Zip Code:

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

¹ Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.

Employee's Withholding Certificate

OMB No. 1545-0074

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

2020**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____

Multiply the number of other dependents by \$500 ► \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.)

► **Date** _____

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

(Rev. 11-19)

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

INSTRUCTIONS TO EMPLOYEE

Line 8: You may claim exemption from Michigan income tax withholding **ONLY** if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone, you are a non-resident spouse of military personnel stationed in Michigan, or you are a member of a Native American tribe that has a tax agreement with the State of Michigan and whose principal place of residence is within the designated agreement area. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Hands-free cell phone ear buds

I _____ have received ear buds/ blue tooth for the cell phone in the CMV that I am using. If lost I will pay for the full replacement cost of the ear bud.

Signature

Date

§392.82

TRUCKING SAFETY GUIDE

Subpart H—Limiting the Use of Electronic Devices

§392.80 Prohibition against texting.

(a) **Prohibition.** No driver shall engage in texting while driving.

(b) **Motor Carriers.** No motor carrier shall allow or require its drivers to engage in texting while driving.

(c) **Definition.** For the purpose of this section only, *driving* means operating a commercial motor vehicle, with the motor running, including while temporarily stationary because of traffic, a traffic control device, or other momentary delays. Driving does not include operating a commercial motor vehicle with or without the motor running when the driver moved the vehicle to the side of, or off, a highway, as defined in 49 CFR 390.5, and halted in a location where the vehicle can safely remain stationary.

(d) **Emergency exception.** Texting while driving is permissible by drivers of a commercial motor vehicle when necessary to communicate with law enforcement officials or other emergency services.

§392.82 Using a hand-held mobile telephone.

(a)(1) No driver shall use a hand-held mobile telephone while driving a CMV.

(2) No motor carrier shall allow or require its drivers to use a hand-held mobile telephone while driving a CMV.

(b) **Definitions.** For the purpose of this section only, *driving* means operating a commercial motor vehicle on a highway, including while temporarily stationary because of traffic, a traffic control device, or other momentary delays. Driving does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary.

(c) **Emergency exception.** Using a hand-held mobile telephone is permissible by drivers of a CMV when necessary to communicate with law enforcement officials or other emergency services.

DMF, INC.
Dba DeWitt Motor Freight
10920 US-10
Evart, MI 49631
(231)734-6422

PAYROLL REIMBURSEMENT/ DEDUCTION AUTHORIZATION

The following Payroll Reimbursement/Deduction Authorization Agreement is to be signed by each employee from whom deductions/reimbursements may be taken/given from/to the employees' wages.

Instructions to Employee: Please thoroughly read the following document. If you understand it and agree to its terms please, complete, sign and date the form, and return it to your supervisor.

Employee Name _____ Soc. Sec. Number _____

I, _____ hereby authorize DMF, INC., dba DeWitt Motor Freight to take/give deductions/reimbursements from/to and compensation up to and including the total amount for any of the following:

- Uniform charges;
- Mobile telephone charges;
- Reasonable replacement costs of keys, tools, cell phones, chargers, supplies, uniforms or any other items that were supplied to me by employer and that are not returned in reasonable condition upon the request of employer;
- Stop payment fees for lost payroll checks;
- Advances/loans;
- Pagers;
- Unreasonable Truck/Trailer damage;
- Other deductions as allowed by law.

I have read this agreement, fully understand its contents, and voluntarily agree to its terms.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

RECORD OF ROAD TEST AND CERTIFICATION

Driver's Name: _____ License # and State: _____

Type of Vehicle Driven for Test: _____ Date of Test: _____

For those items that apply, use a checkmark (✓) if performance is satisfactory; mark an "x" is unsatisfactory. Explain unsatisfactory marks under Remarks section.

PART 1: PRE-TRIP INSPECTION & EMERGENCY EQUIP:			
Checks general condition approaching unit		Looks for leakage of coolants, fuel, lubricants	
Checks under hood – oil, water, general condition of engine compartment, steering		Checks around unit – tires, lights, trailer hookup, brake & light lines, body, doors, horn, windshield wipers	
Tests brake action, tractor protection valve & parking (hand) brake		Knows use of jacks, tools, emergency warning devices, tire chains, fire extinguisher, spare fuses and four-way flashers	
Checks instruments		Cleans windshield, windows, mirrors, lights, reflectors	
PART 2: PLACING VEHICLE IN MOTION AND USE OF CONTROLS			
<u>MOTOR:</u>		<u>CLUTCH AND TRANSMISSION:</u>	
Starts motor without difficulty		Starts loaded unit smoothly	
Allows proper warm-up		Uses clutch properly	
Understands gauges on instrument panel		Times gearshifts properly	
Maintains proper engine speed while driving		Shifts gears smoothly	
Does not abuse motor		Uses proper gear sequence	
<u>BRAKES:</u>		<u>STEERING:</u>	
Understands operating principles of air brakes		Controls steering wheel	
Knows proper use of tractor protection valve		Good driving posture and good grip on wheel	
Understands low air warning			
Tests brakes before starting trip			
<u>LIGHTS:</u>			
Knows lighting regulations			
Uses proper headlight beam			
Dims lights when meeting or following other traffic			
Adjusts speed to range of headlights			
Proper use of auxiliary lights			
PART 3: COUPLING AND UNCOUPLING			
Lines up units		Hooks brake and light lines properly	
Secures trailer against movement		Backs under slowly	
Tests hookup with power		Checks hookup visually	
Handles landing gear properly		Proper hook-up of full trailer	
Secures power unit against movement			
PART 4: BACKING AND PARKING			
<u>BACKING:</u>		<u>PARKING – CITY:</u>	
Gets out and checks before backing		Doesn't hit nearby vehicles or stationary objects	
Looks back as well as uses mirror		Parks proper distance from curb	
Gets out and rechecks conditions on long back		Sets parking brake, puts in gear, chocks wheels, shuts off motor	
Avoids backing from blind side		Checks traffic conditions & signals when pulling out from parked position	
Signals when backing		Parks in legal and safe location	
Controls speed and direction properly while backing		<u>PARKING – ROAD:</u>	
		Parks off pavement	
		Avoids parking on soft shoulder	
		Uses emergency warning signals as required	
		Secures unit properly	

PART 5: SLOWING AND STOPPING

Uses gears properly ascending	Gears down properly descending
Stops & restarts without rolling back	Tests brakes at top of hills
Uses brakes properly on grades	Uses mirrors to check traffic to rear
Signals following traffic	Avoids sudden stops
Stops before crossing sidewalk when coming out of driveway/alley	Stops clear of pedestrian crosswalks

PART 6: OPERATING IN TRAFFIC PASSING AND TURNING

<u>TURNING:</u>	<u>TRAFFIC SIGNS AND SIGNALS:</u>
Gets in proper lane well in advance	Approaches signal prepared to stop if necessary.
Signals well in advance	Obeys traffic signals and stop signs
Checks traffic conditions and turns only when way is clear	Uses good judgment on yellow light
Does not swing wide or cut short while turning	Starts smoothly on green
	Notifies & heeds traffic signs

<u>INTERSECTIONS:</u>	<u>GRADE CROSSINGS:</u>
Adjusts speed to permit stopping if necessary	Adjusts speed to conditions
Checks for cross traffic regardless of traffic controls	Makes safe stop, if required
Yields right-of-way for safety	Selects proper gear

<u>PASSING:</u>	<u>SPEED:</u>
Passes with sufficient clear space ahead	Speed consistent with basic ability
Doesn't pass in unsafe location: hill, curve, intersection	Adjust speed properly to road, weather, traffic conditions, legal limits
Signals for change of lanes	Slows down for rough roads
Warns driver being passed	Slows down in advance of curves, intersections, etc.
Pulls out and back with certainty	Maintains consistent speed
Does not tailgate	
Does not block traffic with slow pass	
Allows enough room when returning to right lane	

PART 7 - MISCELLANEOUS

<u>GENERAL DRIVING ABILITY AND HABITS:</u>	<u>HANDLING OF FREIGHT:</u>
Consistently alert and attentive	Checks freight properly
Adjusts driving to meet changing conditions	Handles and loads freight properly
Performs routing functions without taking eyes from road	Handles bills properly
Checks instruments regularly while driving	Breaks down load as required
Willing to take instructions & suggestions	<u>RULES AND REGULATIONS:</u>
Adequate self-confidence in driving	Knowledge of company rules
Is not easily angered	Knowledge of regulations: fed., state, local
Positive attitude	Knowledge of special truck routes

REMARKS

GENERAL PERFORMANCE: Satisfactory____ Needs Training____ Unsatisfactory____

QUALIFIED FOR: Truck____ Tractor-Semi trailer____ Other (specify)_____

Signature of Examiner: _____

Printed Name of Examiner: _____

CERTIFICATION OF ROAD TEST

If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the completed Road Test and the original of the Certification of Road Test must be mailed to HR to be retained in the driver qualification file of the person who was examined. A copy should be retained in the supervisor's file and a copy may be provided to the person examined. Sec. 391.31 of the Federal Motor Carrier Safety Regulations.

Driver's Name: _____ Type of Power Unit: _____

SS#: _____ Type of Trailer(s): _____

License #: _____ State: _____

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

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

Signature of Examiner: _____

Printed Name of Examiner: _____

Title of Examiner: _____

Location: _____

Date: _____