

Employment Application
Electronically Fillable
Great Lakes Employment Services

Enter your Common information here:

| | |
|------------------------|--|
| First Name | |
| Middle Initial | |
| Last Name | |
| Home Address | |
| City or Town | |
| State | |
| Zip Code | |
| Date of Birth | |
| Social Security Number | |
| Driver License Number | |
| Full Name | |

Enter your full name as it will appear in your signature

There will be additional fields throughout the document that you will need to fill out.

Contents:

- Information for Potential Employees
 - Michigan New Hire
 - Driver Preferences
 - Payroll Deduction
- Application For Employment
- Request for Information sheet
- Pre-Employment Urinalysis
- Disclosure and Release
- Driver Data Sheet
- Confidentiality and Noncompete Agreement
- Certification Of Compliance With Driver License Requirements
- Fair Credit Reporting Act Disclosure Statement
- Federal Form W-4
- Michigan W4
- VI Pay Form
- PSP Driver Consent - Background Report
- Walker City Income Tax Withholding

You also need to fill out a copy of the I-9 Form. Access an online copy here: <http://www.uscis.gov/files/form/i-9.pdf>

CQ Future, Inc.
GREAT LAKES EMPLOYMENT SERVICE LLC

TO ALL DRIVING APPLICANTS

Applications are to be filled out on site.

PLEASE NOTE:

Minimum driving requirements for Great Lakes Employment

- **NO more than 5 pts on MVR**
- **NO DUI's**
- **NO Felonies**
- **Minimum 2 years CURRENT experience**
- **Minimum age 23**

All applicants are considered temporary. All applicants are to be considered part-time drivers. Benefits are not available until you have worked 90 days. Unemployment is not available unless you have worked 40 hrs. per week consecutively for a minimum of 3 months.

All drivers who are hired are required to contact the office by 10 a.m. on any given day he/she is off. If a driver fails to call in for 3 consecutive days, it will be considered a voluntary quit. If you accept an assignment and do not call or show, you WILL be let go.

All paperwork and timecards MUST be turned into the Office BY Monday no later than 10 a.m. If your timecard is NOT signed, it is very possible that you will not be paid for your time. Payday is Friday.

After hours emergency number is just for that purpose, EMERGENCY ONLY.

I understand and agree to all the above.

SIGN _____

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) | | Social Security Number: | <input type="text"/> |
| First Name: | <input type="text"/> | Middle Initial: | <input type="text"/> |
| Last Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text"/> |
| Zip Code: | <input type="text"/> | Hire Date: | <input type="text"/> |
| OPTIONAL | Date of Birth: | Driver's License No: | <input type="text"/> |

| | | | |
|---|----------------------|--|----------------------|
| EMPLOYER Information (Mandatory) | | Federal Employer Identification Number (FEIN): | <input type="text"/> |
| Employer Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text"/> |
| Zip Code: | <input type="text"/> | | |
| OPTIONAL | Contact Name: | <input type="text"/> | |
| | Contact Phone: | Contact Fax: | <input type="text"/> |
| | Contact Email: | <input type="text"/> | |

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.

Driver Preference Sheet

Please complete the following so that we have an idea what you would like to do. This will help us in placing you with a company that will fit what you are looking for.

Your home phone # is _____ Your cell # is _____

Do you have an email address _____

Do you have reliable transportation

When can you start work Tomorrow Next Week Other _____

What days of the week are you available: _____ Week-ends Yes/No?

What shift do you prefer 1st 2nd 3rd Or any work any time

Any restrictions for loading or unloading _____

Do you have experience with?

Fork Lift

Ottawa switcher

Flatbed Tarping

Local (150miles)

Regional (250miles)

Long (500miles)

Will you do overnights How many? _____

Are there any days of the week you are not available? _____

Do you have any PHYSICAL OR MEDICAL restrictions? _____

What endorsements do you have? _____

We will attempt to offer you work according to your preference, however you are asked to work according to our customer's request.

All drivers not assigned on a job are required to call us between 8 AM and 10 AM on weekdays to get an assignment. If you do not call within a 3 consecutive day time period, we will consider your employment a voluntary quit.

You will no longer be employed with us if you accept an assignment and do a no call, no show.

ALWAYS call one of the cell #'s if you have an after hours emergency and will not be reporting to your assignment.

By working together we can create opportunity for your success.

Driver's Signature _____

Date Signed _____

CQ Future, Inc.
Great Lakes Employment Service
PAYROLL DEDUCTION

I AUTHORIZE GREAT LAKES EMPLOYMENT SERVICES TO DEDUCT FROM MY PAY CHECKS THE COST OF ONE OF THE FOLLOWING:

1. A PRE-EMPLOYMENT TEST, PHYSICAL, AND MOTOR VEHICLE REPORT IN THE AMOUNT OFF \$150.00 TO BE DEDUCTED IN THREE EQUAL PAYMENTS OF \$50.00
2. A DRUG TEST, AND MOTOR VEHICLE REPORT IN THE AMOUNT OF \$75.00 TO BE DEDUCTED IN 3 EQUAL AMOUNTS OF \$25.00

IF A PHYSICAL RENEWAL IS REQUIRED DURING YOUR EMPLOYMENT THE AMOUNT WILL BE \$75.00 (2deductions of \$37.50) REIMBURSED AFTER 90 DAYS

THIS TOTAL AMOUNT WILL BE REIMBURSED AFTER 90 DAYS FROM DATE OF HIRE. IF I QUIT OR I AM DISCHARGED BEFORE 90 DAYS I UNDERSTAND GREAT LAKES EMPLOYMENT SERVICES IS NOT RESPONSIBLE TO REPAY THIS DEDUCTION. IF I QUIT OR MY EMPLOYMENT IS TERMINATED BEFORE THE ABOVE LISTED AMOUNT IS DEDUCTED, AMOUNT DUE WILL BE DEDUCTED FROM MY FINAL CHECK.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

1) DATE DEDUCTED: _____ AMOUNT: _____

2) DATE DEDUCTED: _____ AMOUNT: _____

3) DATE DEDUCTED: _____ AMOUNT: _____

TOTAL AMOUNT OF DEDUCTIONS: _____

DRIVER REIMBURSED ON: _____

APPLICATION FOR EMPLOYMENT {See 49 CFR 391.21}

years

This Application must be filled out completely or it will not be processed.

Prospective Employer:

CQ Future, Inc.
Dbas: Great Lakes Employment Services
3677 Three Mile Road
Walker, MI 49534

Phone: 616-735-0171
FAX: 616-735-0391

Application Submitted: ___/___/___

Applicant: Read and sign the following notification prior to submitting this Application For Employment.

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, Great Lakes Employment Services, hereby notifies you that you have the following rights regarding the investigative information that will be provide to us pursuant to 49 CFR 391.23(d)(e):

- (1) The right to review information provided by previous employers;
- (2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Great Lakes Employment Services;
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) EQUAL OPPORTUNITY EMPLOYER: In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

(D) I understand that if I have a protected handicap that effects my ability to perform the position, I may ask Great Lakes Employment Services to attempt to make accommodation as required by law. I must make my request in writing to Great Lakes Employment Services as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

X

Applicant's Signature

Print Applicant's Name _____ *Date of Birth* _____ *Social Security Number* _____ *Yrs @ Address* _____

Applicant's Current Address _____ *Home Phone #* _____

City/State/Zip _____ *Cell Phone #* _____

Are there currently any felony charges against you? Yes No If "Yes" ___/___/___

Have you ever been convicted of any crime? Yes No If "Yes" ___/___/___

Have you ever been known by any name other than the one on this application? Yes No If "Yes" print name below.

If "Yes" to any of the above, explain:

Are you: a U.S. Citizen, a Lawful Permanent Resident, or otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

_____ to _____ :

_____ to _____ :

_____ to _____ :

In Case of Emergency notify: _____ (Name) _____ (Relationship) _____ (Address) _____ (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? _____

Who referred you? _____

Have you worked for this company before? Yes No If "Yes," Where? _____

Dates: From _____ to _____ Rate of pay: _____ Position: _____

Reason for leaving: _____

Education/Military Status

U.S. Military (Branch): _____ Rank: _____ Presently in Guard/Reserves? Yes No
Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Previous Employment: Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the 10 years preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of Great Lakes Employment Services as part of its application process.

| | | |
|-------------------------------------|--|---|
| Last Employer Company Name: | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Dates of Employment _____ Hired Left </div> |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|--|---|
| 2 nd Last Employer Company Name: | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Dates of Employment _____ Hired Left </div> |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|--|---|
| 3 rd Last Employer Company Name: | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Dates of Employment _____ Hired Left </div> |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|--|---|
| 4 th Last Employer Company Name: | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> Dates of Employment _____ Hired Left </div> |
| Address: | | |
| City/State/Zip: | | |
| Supervisor Name: | | Phone: |
| Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for leaving: | | Salary: |
| In what states did you drive a CMV? | | |

License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years :

| State | License/Permit # | Type | Expiration Date |
|-------|------------------|------|-----------------|
| | | | |
| | | | |
| | | | |

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

| Dates | Location | Charge | Penalty |
|-------|----------|--------|---------|
| | | | |
| | | | |
| | | | |

- Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? YES NO
- Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? YES NO
- Have you ever 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 DOT agency drug and alcohol testing rules during the past three years? YES NO
- Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied? YES NO
Revoked? YES NO
or Suspended? YES NO

If "YES" to any of the above, list dates and circumstances:

Driving experience:

Truck Driving School: _____ Graduation Date _____

| Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers) | Dates: | | Approx Total Experience | Approx Total # Miles Driven |
|---|----------------|---------------|-------------------------|-----------------------------|
| | From | To | | |
| | _____ to _____ | _____ yrs/mos | | |
| | _____ to _____ | _____ yrs/mos | | |
| | _____ to _____ | _____ yrs/mos | | |
| | _____ to _____ | _____ yrs/mos | | |

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

| Dates | Nature of Accident (head-on, rear-end, upset, etc.) | #Fatalities | # Injuries |
|----------------------|---|-------------|------------|
| Last Accident: _____ | | | |
| Next previous: _____ | | | |
| Next previous: _____ | | | |

Driver Certification Includes all additional sheets. Were any additional sheets used for this application? YES NO
 If "Yes" list here:

I understand that all Great Lakes Employment Services employees are employed on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the President of Great Lakes Employment Services has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

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

X

 (Date)

 (Applicant's signature)

C O N F I D E N T I A L

Prospective Employer:

Krystal Roebuck, DER
 CQ Future, Inc.
 Dba: Great Lakes Employment Services
 3677 Three Mile Rd
 Walker, MI 49534

Phone: 616-735-0171
 FAX: 616-735-0391

Application Date: ___/___/___

A separate request for information must be signed by the applicant for each company for which the applicant has worked within 3 years prior to Application Date. A single "blanket request" signature is prohibited.

Previous Employer:

| | |
|------------------|--|
| Supervisor Name: | |
| Company Name: | |
| Address: | |
| City/State/Zip: | |

| | |
|-----------------|--------------------------------|
| Applicant Name: | |
| SSN: | |
| D.O.B.: | |
| Dates Employed | Fm: ___/___/___ to ___/___/___ |

Request for information from Applicant's previous employer pursuant to 49 CFR 391.23(d)(e) and 49 CFR 40.25:

I hereby authorize information from my Department of Transportation regulated drug and alcohol testing records {in accordance with 49 CFR 40.25} and other information {in accordance with 391.23(d)(e)} including but not limited to accident information specified in 390.15(b)(1)(2) to be released by my "Previous Employer" (listed above) to Great Lakes Employment Services at its address listed above. The information requested includes all of the information in the Section below titled "To be completed by the previous employer and faxed or mailed to Prospective Employer listed above":

X

Applicant's Signature

Date of Request

___/___/___

To be completed by the previous employer and faxed or mailed to Prospective Employer listed above

391.23(d)(1) general driver identification and employment verification information

| | | |
|--|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | The Applicant's Name, SSN, D.O.B., and Dates Employed as listed above are correct. If "NO," notes: | |
| Reason for leaving: | | Salary: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Applicant was subject to FMCSRs while employed by above employer. | Position: <input type="checkbox"/> Owner-Operator |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Job designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> Fleet Driver |
| | | <input type="checkbox"/> Other: |
| In what states did applicant drive CMV? | | |

49 CFR 391.23(d)(2) accident (as defined in 49 CFR 390.5) data elements specified in 49 CFR 390.15(b)(1)(2)

| | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Previous employer has records meeting the following criteria (If "YES" please include the appropriate records with your report): The data elements as specified in 49 CFR 390.15(b)(1) for accidents involving the driver that occurred in the three-year period preceding the Application Date listed above. (i) Any accidents as defined by 49 CFR 390.5. (ii) Any accidents the previous employer may wish to provide that are retained pursuant to 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information. |
|--|---|

49 CFR 391.23(e) and 49 CFR 40.25 Compliance with DOT Drug and Alcohol regulations

| | |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Within the three years prior to the above Application Date: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (1) Did driver violate any alcohol or controlled substances prohibitions under 49 CFR part 40 or 382? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (2) Did driver fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 382.605 or part 40, subpart O? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (3) If driver successfully completed a SAP's referral and remained in the employ of the referring employer, did the driver have any: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (i) Alcohol tests with a result of 0.04 or higher alcohol concentration; |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (ii) Verified positive drug tests; |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (iii) Refusals to be tested (including verified adulterated or substituted drug test results). |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | (4) Did a previous employer report a drug and alcohol rule violation to you? <i>If you answered "YES" to item 4, you must provide the previous employer's report. It is not a violation of Part 40 or DOT agency rules if you provide, in addition, information about the employee's DOT drug and alcohol tests obtained from former employers that dates back more than two years ago. You must also transmit any return-to-duty documentation (e.g., SAP reports, Follow-up tests).</i> |

| | | |
|----------------------------|--------|-------------|
| Signature: X | Date: | ___/___/___ |
| Print Name and Title: | Phone: | |

CQ Future, Inc.
Great Lakes Employment Service L.L.C.

**PRE-EMPLOYMENT URINALYSIS
NOTIFICATION**

The Federal Motor Carrier Safety Regulations. Section 391.103 pre-employment testing requirements; apply to driver applicants to this company.

391.103 Pre-employment testing requirements:

1. A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance as pre-qualification condition.
2. A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
3. Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will medical disqualify me from the operation of a commercial motor vehicle for this company.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the pre-employment urinalysis notification.

Applicants Name (Printed)

Date

Applicants Signature

CQ Future, Inc.
DbA: GREAT LAKES EMPLOYMENT SERVICES LLC

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with CQ Future, Inc., dba: Great Lakes Employment Service, I understand that consumer reports, which may contain public record information, may be requested from DAC Services, out of Tulsa, Oklahoma. 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 further understand that such reports may contain public record information concerning my driving records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY COTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

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 the recipients of any reports on me, which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

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

Print Name

Social Security Number

Date of Birth

Applicant's Signature

Date

DRIVER DATA SHEET

(For New Hire, Intermittent, Casual, and/or Occasional Drivers)

Name (PRINT) _____

Social Security Number _____

Michigan Drivers License # _____

Instructions: According to Part 395.8 (J) (2), A motor carrier when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the preceding 7 days, and time which such driver was last relieved from duty prior to beginning work for the new company.

| <u>Prior Days</u> | <u>Date</u> | <u>Hours Worked</u> |
|-------------------|-------------|---------------------------|
| Day One | _____ | _____ |
| Day Two | _____ | _____ |
| Day Three | _____ | _____ |
| Day Four | _____ | _____ |
| Day Five | _____ | _____ |
| Day Six | _____ | _____ |
| Day Seven | _____ | _____ |
| | | <u>Total Hours</u> |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at (Time) _____ on ____/____/____

Signature: _____ Date _____

CONFIDENTIALITY
AND NONCOMPETE AGREEMENT

THIS AGREEMENT is made this ____ day of _____, 20__, in behalf of CQ Future, Inc. DBA Great Lakes Employment Service. (GLES) by _____ (“Employee”). As used herein, GLES shall include any of its subsidiaries, affiliated or related corporations or businesses.

A. Employee is presently employed or about to become employed by GLES; and

B. Employee understands and agrees that GLES is presently engaged in the driver leasing business. This business requires and involves the research, development, marketing, and sale of valuable proprietary information as well as the development of extensive goodwill with customers and potential customers. Employee further understands and agrees that the knowledge obtained during the pursuit of such activities is valuable and, therefore, the preservation of the confidentiality of these activities and the goodwill established with customers requires protective measures in order to safeguard the legitimate competitive business interests of GLES; and

C. Employee recognizes that his/her continued employment is at least in part dependent upon the earnings and profitability of GLES through its ownership and protection of this proprietary and confidential information and the preservation of goodwill;

AS A RESULT, in consideration of Employee’s employment by GLES and his/her continuing employment, it is agreed as follows:

1. Protected Information. Employee will not at any time disclose to others or use for any reason other than for the benefit of GLES, directly or indirectly, any Protected Information without the written consent of GLES. The term “Protected Information” means, among other things, any confidential, technical or business information belonging or relating to GLES, or a customer of GLES, which Employee learns of, acquires, or originates during the course of his/her employment, regardless of whether it is written or otherwise tangible. Protected Information generally includes, but is not limited to, inventions, discoveries, improvements, processes, apparatus, equipment, methods, trade secrets, service standards, research, procedures, costs, and marketing, accounting, financial or sales information regarding GLES business and services. Employee agrees that all records, files, memoranda, reports, prices, customer lists, computer programs, or other documents relating to the Protected Information or relating to the business of GLES which Employee used, prepared, or had contact with during the course of his/her employment, shall remain the sole property of GLES. Upon termination for any reason of Employee’s employment with GLES, i.e., voluntary or involuntary, or at any time at the request of GLES, Employee agrees to deliver to RDS all property or materials within his/her possession or control which belong to GLES or which contain Protected Information.

2. Covenant-Not-To-Compete. In further consideration of Employee’s employment with GLES, Employee agrees that for a period of two (2) years after the termination of Employee’s employment with GLES for any reason (voluntary or involuntary), Employee will not, separately or in association with others, for his/her own account or the account of any person or business entity, directly or indirectly, call on, solicit, service or acquire any accounts or customers that Employee solicited, serviced, called on, recruited or acquired knowledge of during the course of his/her employment with for GLES the purpose of soliciting business or providing services to such clients which are similar to or competitive with GLES

Employee further agrees that for a period of one (2) years after such termination of Employee's employment with GLES, Employee will not, directly or indirectly, own, operate, work for, become employed by, financially support or otherwise become interested in any business entity that is engaged in activities which are similar to or competitive with GLES. This restriction applies to any and all business entities located or doing business in the following Michigan Counties: **Kent, Ottawa, Ionia, Clinton, Allegan, Barry Eaton, VanBuren Kalamazoo, Calhoun Muskegon, Newaygo and Montcalm.**

3. Reasonableness. Employee represents and acknowledges that the restrictions stated above, and the activities which he/she may engage in upon termination of employment with GLES, are necessary to provide GLES with protection for its valuable Protected Information and customers' goodwill which it now has or may acquire during the term of his/her employment.

4. Injunctive Relief. Employee further acknowledges and agrees that a breach of the obligations imposed upon him/her by this Agreement are not capable of being easily measured by monetary damages. Consequently, Employee agrees that these restrictions may be enforced by an injunctive order. Additionally, Employee specifically agrees that, in addition to injunctive relief, and not in lieu of it, Employee will be responsible for actual damages and expenses, including actual attorney fees, if damages or expenses are incurred by GLES as a result of a breach by Employee of any obligations under this Agreement.

5. General Conditions.

(a) This Agreement shall be governed by the laws of the State of Michigan. The invalidity of any provision shall not invalidate any other provision in this Agreement.

(b) This Agreement may not, on behalf of or in respect to GLES, be modified or terminated, in whole or in part, except by an instrument in writing signed by an officer or other authorized executive of GLES. This Agreement is not assignable by Employee but may be assigned by GLES. This Agreement shall inure to the benefit of and be binding upon the heirs, personal representatives, successors, and assigns of the parties hereto.

(c) Employee has had the opportunity to discuss the terms of this Agreement with his/her counselors and Employee specifically agrees that the terms and conditions of the covenant-not-to-compete are reasonable in all aspects. Employee has read in full and understands the terms and restrictions of this Agreement, and freely accepts this Agreement as a condition for and in consideration of Employee's employment or continued employment with GLES.

(d) Even though GLES may fail to insist on strict compliance with any of the conditions of this Agreement, Employee understands that such failure shall not be deemed a waiver of any of the terms or conditions of this Agreement.

EMPLOYEE

Signature

Date

CQ Future, Inc.
Db a Great lakes Employment Service

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1 POSSESS ONLY ONE LICENSE: you, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2 NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.5 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations required that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No: _____ State: _____ Exp. Date: _____

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

Applicant's Signature: _____ Date: _____

Print Name: _____

**CQ Future, Inc.
Db a Great Lakes Employment Service**

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ Date: _____

Print Name: _____ Social Security Number: _____

Form W-4 (2013)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|----------|--|----------|---------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | <u> </u> |
| B | Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B | <u> </u> |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C | <u> </u> |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | <u> </u> |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | <u> </u> |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | F | <u> </u> |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child | G | <u> </u> |
| H | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ | H | <u> </u> |
| | For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | | |

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

| | | |
|---|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div> |
| 1 Your first name and middle initial Last name | | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 <u> </u> |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ <u> </u> |
| 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 <u> </u> |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) CQ Future, Inc. dba Great Lakes Employment Service 3677 3Mile Road SW Walker, MI 49534 | | 9 Office code (optional) 10 Employer identification number (EIN) |

MI-W4

(Rev. 8-08)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

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.

| | | | |
|---|--|--|---------------|
| ▶ 1. Social Security Number | | ▶ 2. Date of Birth | |
| ▶ 3. Type or Print Your First Name, Middle Initial and Last Name | | 4. Driver License Number | |
| Home Address (No., Street, P.O. Box or Rural Route) | | ▶ 5. Are you a new employee? | |
| City or Town | | State | ZIP Code |
| | | <input type="checkbox"/> Yes If Yes, enter date of hire <input type="checkbox"/> No | |
| 6. Enter the number of personal and dependent exemptions you are claiming | | ▶ 6. <input style="width:50px;" type="text"/> | |
| 7. Additional amount you want deducted from each pay (if employer agrees) | | 7. \$ _____ .00 | |
| 8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____ | | | |
| EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. | | <i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i> | |
| | | 9. Employee's Signature | ▶ Date |
| INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010. | | Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person CQ Future, Inc.dba Great Lakes Employment Service 3677 Three Mile Road SW, Suite B Walker, MI 49534 | |
| | | ▶ 11. Federal Employer Identification Number | |

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

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. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site

Visit the Treasury Web site at:
[www.michigan.gov/busin esstax](http://www.michigan.gov/busin_esstax)

V.I.PAY, INC.

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

EMPLOYER NAME C Q Future Inc.

EMPLOYEE NAME (PLEASE PRINT) _____

EMPLOYEE IDENTIFICATION NUMBER _____

1 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

2 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

3 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

4 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

**It is suggested employee provide a copy of a deposit ticket or voided check for each of the accounts listed above.*

I authorize V.I.Pay and the financial instituion(s) listed above to automatically deposit my pay as directed each payday effective immediately. Adjusting entries to correct errors are also authorized. This authority shall remain in effect until I have canceled it in writing

Signature of Employee _____ Date _____

EMPLOYEE EMAIL FOR CHECK STUB _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Great Lakes Employment Services (“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.

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

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

2. I authorize Great Lakes Emp. (“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.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a 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 provided in paragraphs 1-4 of this document to obtain a prospect Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

City of Walker Income Tax Withholding Instructions

LINE 3 INSTRUCTIONS — If you work for this employer in two or more cities or communities, print names of the two Michigan cities or communities where you perform the greatest percent of your work. Circle the closest percent of total earnings for work done or services rendered in each city or community listed. The estimated percent of total earnings from this employer for work done or services performed within taxing cities (line 3 on other side) is for withholding purposes only. In determining final tax liability this estimate is subject to substantiation and audit.

DEPENDENTS — To qualify as your dependent (line 6 on other side), a person must qualify as your dependent for purposes of the Internal Revenue Code.

CHANGES IN EXEMPTIONS — You should file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES**.

OTHER DECREASES in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

CHANGE OF RESIDENCE — You must file a new certificate within 10 days after you change your residence from or to a taxing city.

CHANGES IN EMPLOYMENT — You must file a new certificate by December 1 of each year if your line 3 estimate of the percent of work done or services to be rendered in cities levying an income tax will change for the ensuing year.

EXTRA EXEMPTIONS — Additional withholding allowances (extra exemptions), which are allowed for Federal income tax purposes and are claimed on Schedule A of Federal Form W-4, are not allowed for WALKER income tax purposes.



EMPLOYEE'S WITHHOLDING CERTIFICATE FOR WALKER INCOME TAX

Resident
 Non-Resident

| | | | | | | | |
|--|--------------------------|--|---|------------------------------------|----------|----------------------------------|------|
| 1. Print Full Name | | Social Security No. | Office, Plant, Dept. | Employee Identification No. | | | |
| 2. Address, Number and Street | | City, Township or Village where you reside | | State | Zip Code | | |
| 3. Place of Employment Print name of each city where you work for this employer and circle closest % of total earnings in each. | | City | Under 25% | 40% | 60% | 80% | 100% |
| | | City | Under 25% | 40% | 60% | 80% | 100% |
| YOUR WITHHOLDING EXEMPTIONS | Check blocks which apply | 4. Exemptions for yourself <input type="checkbox"/> Regular exemption | | Enter number of exemptions checked | | | |
| | | 5. Exemptions for your spouse <input type="checkbox"/> Regular exemption | | Enter number of exemptions checked | | | |
| 6. (a) Exemptions for your children | | Number | 6. (b) Exemptions for your other dependents | | Number | Enter total of line 6 (a plus b) | |
| 7. Add the number of exemptions which you have claimed on lines 4, 5 and 6 above and write the total | | | | | | | |
| I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief | | | | | | | |
| 8. Date | | | | Signature | | | |

EMPLOYEE: File this form with your employer. Otherwise they withhold WALKER income tax from your earnings without exemption.

EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete the CITY INCOME TAX DEPARTMENT must be so advised.

SEE INSTRUCTIONS ON REVERSE SIDE

Employment Eligibility Verification Form I-9

You also need to fill out a copy of the I-9 Form.

Access an online copy here: <http://www.uscis.gov/files/form/i-9.pdf>

NOTE: There are signature and other fields that CAN NOT be filed electronically. Be sure to go through the printed copy and fill in those items.