RECYCLERS TRANSPORT, LLC

DRIVER APPLICATION | INSTRUCTIONS & SUBMISSION

Thank you for your interest in driving for Recyclers Transport. Please read these instructions before submitting your application. **Incomplete applications may not be considered.**

1 COMPLETE THE APPLICATION

• Print clearly in black or blue ink, or type in the PDF if your device supports it. Answer every question that applies to you; write **N/A** when a field does not apply. Do not leave required answers blank.

• Provide your contact information, **three years of address history**, driver's license information, and driving experience.

• List accidents and traffic convictions from the **past three years**. Check the "none" box where applicable.

• Provide **three years of employment history**, plus an additional seven years (ten years total) if you previously drove a commercial vehicle. Explain employment gaps longer than one month. Attach extra pages if needed.

• Read all applicant statements carefully. Sign and date the applicant portions, including applicable drug/alcohol forms and acknowledgments. Complete the on-duty-hours statement when requested. **Do not fill in sections marked for the employer, previous employer, or company representative.**

2 REVIEW BEFORE SENDING

• Check names, dates, telephone numbers, employer addresses, work history, and all Yes/No selections.

• Confirm that all applicable applicant signatures and dates are present. Make sure every page is legible and any additional sheets are included.

• The packet includes company-use checklists, employer verification sections, and personnel forms. Our office may tell you which additional items to complete or provide during hiring.

3 SEND YOUR COMPLETED APPLICATION

Save or scan the completed pages as **one readable PDF** if possible. If using a phone, photograph pages straight-on in good lighting, with all edges visible. Name the file **LastName_FirstName_Driver_Application.pdf**.

EMAIL TO: recyclers.megan@gmail.com

Subject: Driver Application – First Name Last Name

Email message: "Hello, attached is my completed driver application for Recyclers Transport. My phone number is [your phone number]. Thank you."

Privacy note: This application requests sensitive personal information, including Social Security and license numbers. Regular email is not necessarily secure. For a safer submission method for sensitive pages or identification documents, call our office before emailing them.

QUESTIONS? 262-723-5200 | W2956 State Road 11, Elkhorn, WI 53121

RECYCLER'S TRANSPORT LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

Driver Name: _____

Date of Hire: _____

Termination Date: _____ 3-Year Removal Date: _____

FMCSA DRIVER QUALIFICATION CHECKLIST

- ☐ **DRIVER'S APPLICATION FOR EMPLOYMENT (49 CFR 391.21)**
- ☐ **PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION AND REQUEST FOR INFORMATION FORM-3YEARS (49CFR 391.23 (a)(2) &(c))**
- ☐ **ENROLLED IN PARS SYSTEM**
- ☐ **ENROLLED INTO RANDOM POOL CONSORTIUM**
- ☐ **PRE-EMPLOYMENT DRUG SCREEN RESULTS (NEG)**
- ☐ **DRIVER APPLICANT DRUG & ALCOHOL PRE-EMPLOYMENT STATEMENT**
- ☐ **DRIVING RECORD FROM STATE AGENCIES -3 YEARS (49 CFR 391.23 (a)(1) &(b))**
- ☐ **ANNUAL REVIEW OF DRIVING RECORD - 3 YEARS (49 CFR 391.25 (b)(c))**
- ☐ **DRIVING RECORD FROM STATE AGENCIES (ANNUAL) – 3 YEARS (49 CFR 391.25 (a) & (c))**
- ☐ **ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS – 3 YEARS (49 CFR 391.27)**
- ☐ **DRIVER'S ROAD TEST CERTIFICATE OR EQUIVALENT (49 CFR 391.31)**
- ☐ **MEDICAL EXAMINER'S CERTIFICATE (FED MED) – 3 YEARS (49 CFR 391.43)**
- ☐ **CERTIFIED MEDICAL EXAMINER'S VERIFICATION DOCUMENT (POST 5/21/14) (49 CFR 391.23(m))**
- ☐ **STATEMENT OF ON-DUTY HOURS**
- ☐ **COPY OF DRIVER'S LICENSE**
- ☐ **COPY OF SOCIAL SECURITY CARD**

RECYCLERS TRANSPORT, LLC **DRIVER EMPLOYMENT APPLICATION**
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION							
FIRST NAME		MIDDLE NAME		LAST NAME			
PHONE		EMAIL					
DATE OF BIRTH		SOCIAL SECURITY #					
DATE OF APPLICATION		POSITION APPLIED FOR			DATE AVAILABLE FOR WORK		

Do you have the legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach an additional sheet if more space is needed.					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach an additional sheet if more space is needed. Check this box if none ☐				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach an additional sheet if more space is needed. Check this box if none ☐			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications you have and believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Recyclers Transport LLC.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

Review information provided by current/previous employers;
Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Recyclers Transport LLC
Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I: To be completed by the new employer and signed by the employee, and transmitted to the previous employer.

Employee Name: _____ SS/ID Number: _____

I hereby authorize the release of information from my DOT-regulated drug and alcohol testing records by my previous employer, listed in *Section 1-B* to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25.

_____ _____
Employee Signature **Date**

I-A:
New Employer Name: _____
Designated Employer Representative: _____
Address: _____
Phone #: _____ Fax #: _____

I-B:
Previous Employer Name: _____
Designated Employer Representative: _____
Address: _____
Phone #: _____ Fax #: _____
The applicant named above was employed by us ☐ Yes ☐ The applicant was employed as a (Position)_____
From (Month, Year)_____to (Month, Year)_____.
Did he/she drive a motor vehicle for you? ☐ Yes ☐ No, **If Yes**, what type?_____
Reason for leaving your employ:_____
Is He/She eligible for re-hire? ☐ Yes ☐ No ☐ Upon Review

Accidents: Complete the following for any accidents included on your accident registrar (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No, of Fatalities	Hazmat Spill

Section II: To be completed by the previous employer and transmitted to the new employer.

II-A:
In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **Yes____ No____**
2. Did the employee have verified positive drug tests? **Yes____ No____**
3. Did the employee refuse to be tested? **Yes____ No____**
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **Yes____ No____**
5. Did a previous employer report a drug and alcohol rule violation to you? **Yes____ No____**
6. If you answered "Yes" to any of the above items, did the employee complete the return to duty process? **Yes____ No____**

II-B:

Person providing information in Section II-A:

Name: _____ Title: _____
Phone #: _____ Date: _____

RECYCLERS TRANSPORT, LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

Driver Applicant Drug and Alcohol Pre-Employment Statement

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.

Applicant Name:_____
(please print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

- ☐ 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 DOT agency drug and alcohol testing rules during the past 2 years?

  Yes _____ No _____

- ☐ If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

  Yes_____ No_____

I certify that the information provided above is true and correct.

Applicant Signature:_____Date:_____

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

DATE	OFFENCE	LOCATION	TYPE OF VEHICLE OPERATED

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

Date **Driver Signature**

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE
DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT

I have reviewed the driving record of the above-named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

☐ Meets minimum requirements for safe driving

☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance.

Actions taken with the driver:_____

_____

Reviewed by_____Date:_____

Signature

Linda Stevens-Safety & Compliance Manager

Recyclers Transport, LLC W2956 State Road 11 Elkhorn WI 53121

RECYCLERS TRANSPORT, LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

DRIVER STATEMENT OF ON-DUTY HOURS

Instructions: Motor carriers, 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 immediately preceding seven days and the time at which the driver was last relieved from duty prior to beginning work for such carrier as per Part 395.8(j)(2). Federal Motor Carrier Safety Regulations (FMCSR).
Note: Hours for any compensated work during the preceding seven days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name: _____

Motor Vehicle Operator's License Number: _____

Social Security Number: _____

Type of License: _____ Issuing State: _____

Day	1	2	3	4	5	6	7	=
Date								Total Hours:
Hours Worked								

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:

_____A.M./P.M. On _____
Time Day Month Year

_____ _____
Driver's Signature Date

Instructions: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2(8)(9) of the FMCSRs includes time performing any other work in the capacity of, or in the employ or service of, a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?_____

At this time, do you intend to work for another employer while still employed by this company?_____

I hereby certify that the information given above is true. I understand that once I become employed with this company if I begin working for any additional employers for compensation, I must inform this company immediately of such employment activity.

Driver's Signature: _____ Date: _____

Company Representative_____ Date:_____

RECYCLERS TRANSPORT, LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

Controlled Substances and Alcohol Policy Acknowledgement of Receipt

I hereby certify that I have been provided and had an opportunity to review the Recyclers Transport LLC Controlled Substances and Alcohol Policy. I acknowledge and agree to abide by the requirements set forth within this policy, along with the established Federal Motor Carrier Safety Regulations (FMCSRs) and state laws/regulations governing controlled substances and alcohol. I understand that changes in federal and state laws/regulations can occur at any time, for which Recyclers Transport LLC may be unable to provide prior notice, but for which I am still responsible for adhering to. Recyclers Transport LLC has the right to subsequently modify its Controlled Substances and Alcohol Policy, and therefore, notification of the respective changes will be issued to drivers operating under its authority. Drivers will be responsible for completing the Driver Acknowledgement for Receipt of any addendums to the Controlled Substances and Alcohol Policy and submitting the completed form to Recyclers Transport LLC. Drivers will be provided a copy of this acknowledgement and future acknowledgements for issued policy addendums.
This policy has been established and issued to all drivers operating under the authority of Recyclers Transport LLC in accordance with 49 CFR 382.601.

Driver Name: _____

Signature: _____ Date: _____

Driver Safety Policy and Procedures Handbook Acknowledgement of Receipt

By signing this page, I acknowledge that I have been given the Recyclers Transport LLC Driver Safety Policy and Procedures Handbook, understand the potential consequences of my actions and agree to these policies as a condition of my employment or lease agreement.

Driver Name: _____

Signature: _____ Date: _____

Employee Corrective Action Form

RECYCLERS TRANSPORT
W2956 STATE RD 11
ELKHORN WI 53121

Employee Information

Name:_____Date:_____Date of Previous meeting:_____

Manager:_____Reason For Warning:_____

Level of Corrective Action Taken

☐ Oral Warning ☐ First Written Warning

☐ Second Written Warning (3-7 Day Suspension w/o Pay) ☐ Termination

☐ Other:_____

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning. **If this is a termination this form must be accompanied by Termination Notice and must be signed by HR Manager**

Employee Signature:_____Date:_____

Supervisor Signature:_____Date:_____

HR Manager/Witness Signature (if employee understands warning but refuses to sign or is a termination)

_____Date:_____

RECYCLERS TRANSPORT, LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

Driver Name: _____

Date of Hire: _____

Termination Date: _____ 3-Year Removal Date: _____

PERSONEL FILE CHECKLIST

- ☐ **PSP REPORT (PRE-EMPLOYMENT SCREENING PROGRAM)**
- ☐ **TAX FORMS 1-9, W-4 (UNLESS SUBCONTRACTOR)**
- ☐ **EMPLOYEE EMERGENCY INFORMATION SHEET**
- ☐ **NO RIDERS FORM**
- ☐ **FITNESS FOR DUTY TEST**
- ☐ **FULL RANGE OF MOTION TEST**
- ☐ **DRIVER'S HANDBOOK RECEIPT**
- ☐ **RECEIPT OF FIFTH STREET TRANSPORT DRUG & ALCOHOL PROGRAM**
- ☐ **DISCIPLINARY FORMS**

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Info:

Home Address_____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name_____ Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name_____ Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

☐ I have voluntarily provided the above contact information and authorize _____ and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____

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NO RIDER'S POLICY

I, _____, have been informed by Recyclers Transport LLC that I am not to have riders in my truck unless given specific permission beforehand. I understand that if I disregard this company policy, disciplinary action will be taken against me. My employer will not be held legally or financially responsible for any riders.

_____
Signature

_____
For Recyclers Transport LLC

_____
Drivers Signature Date

RECYCLERS TRANSPORT, LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

Weapon Policy

Effective November 1, 2011. All employees may not, at any time while on any property owned, leased or controlled by RECYCLERS TRANSPORT, LLC, including anywhere that company business is conducted, such as customer locations, client locations, trade shows, restaurants, company event venues, and so forth, possess or use any weapon. Weapons include, but are not limited to, guns, knives or swords with blades over four inches in length, explosives, and any chemical whose purpose is to cause harm to another person.

Regardless of whether an employee possesses a concealed weapons permit or is allowed by law to possess a weapon, weapons are prohibited on any company property or in any location in which the employee represents the company for business purposes, including those listed above.

Employees who violate this policy will be subject to disciplinary actions, up to and including employment termination

I have read and understand the Recyclers Transport LLC Weapons Policy. I understand that if I disregard this company policy, disciplinary action will be taken against me. My employer will not be held legally or financially responsible for this violation.

_____

Driver Signature Date

RECYCLERS TRANSPORT, LLC
W2956 STATE ROAD 11
ELKHORN, WI 53121
262-723-5200

CELL PHONE POLICY

FMCSA passed the final rule on cell phone use for drivers of Commercial Motor Vehicles (CMV) effective January 3, 2012. This rule restricts a CMV driver from holding a mobile telephone to conduct voice communication and from dialing a mobile telephone by pressing more than a single button. This law also restricts the use of push-to-talk (Nextel type) phones.

Limiting the use of cell phones, including texting and hands-free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries. Recyclers Transport LLC has adopted the following policy effective immediately.

Even though cell phone use is allowed with a hands-free device it is our company policy that drivers not talk on a cell phone until they are parked at a safe and legal location. A driver receiving an incoming call on a hands-free device may briefly acknowledge the incoming call and inform the caller they will call back once they have parked in a safe, legal location.

Texting is never allowed while operating a CMV.

Texting includes phone texting, pda use, satellite communications or any other existing texting communication device.

This policy is in effect for anyone driving company-owned or leased equipment for Recyclers Transport LLC. Violations of this policy may result in disciplinary actions, up to and including termination.

_____

Driver Signature Date

Recyclers Transport LLC
W2950 State Rd 11
Elkhorn WI 53121

Recyclers Transport Trailer Equipment Agreement

Recyclers Transport will provide all necessary equipment for securing loads, including tarps, straps, bungees, and more. All equipment remains the property of Recyclers Transport and will be tracked for each driver. If equipment needs to be replaced due to normal wear and tear, the old equipment must be returned to the shop in exchange for new equipment. If equipment is lost or stolen, the driver will be responsible for the cost of the new equipment, which will be deducted from their pay.

_____
Driver-Print Name

_____ _____
Driver Signature Date