

DRIVER APPLICATION FORM

COMPANY NAME D.T.S. Worldwide Transportation Location: Region/District/Branch Spencerville
 COMPANY ADDRESS 2211 Spencerville Road Spencerville MD 20868
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

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

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

Signature _____ Date _____

NAME _____
Last First Middle

Social Security Number _____ Phone Number _____ Date of Birth _____ Hire Date _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

_____ Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

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

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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

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

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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

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

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

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

SEVENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

EIGHTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

NINTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

TENTH LAST EMPLOYER: Name _____ Phone Number (____) _____
 Street Address _____ City _____ State _____ Zip _____
 Position Held _____ From _____ To _____
 (month/year) (month/year)

Reasons for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS - include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (Circle all that apply) | DATES | | APPROXIMATE NUMBER OF MILES |
|--|--|-------|-------|--------------------------------|
| | | FROM | TO | |
| Straight Truck | Van, Reefer, Tank, Flat | _____ | _____ | _____ |
| Tractor & Semi-Trailer | Van, Reefer, Tank, Flat | _____ | _____ | _____ |
| Tractor – Two Trailers | Van, Reefer, Tank, Flat | _____ | _____ | _____ |
| Tractor – Three Trailers | Van, Reefer, Tank, Flat | _____ | _____ | _____ |
| Motorcoach – School Bus <small>(Greater than 8 passengers)</small> | N/A | _____ | _____ | _____ |
| Motorcoach – School Bus <small>(Greater than 15 passengers)</small> | N/A | _____ | _____ | _____ |
| Other: _____ | Van, Reefer, Tank, Flat, N/A | _____ | _____ | _____ |

OR

Accident History (3 years)

If no accidents within the last 3 years – check here

| DATE (month/year) | NATURE OF ACCIDENT (head-on, rear-end, upset, etc.) | NUMBER OF FATALITIES | NUMBER OF INJURIES | HAZARDOUS MATERIALS SPILL? |
|----------------------|--|-------------------------|-----------------------|--|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

| DATE CONVICTED (month/year) | VIOLATION (Other than violations involving parking only) | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
|--------------------------------|---|--------------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State

_____ License Number

_____ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, give details _____

Applicant Certification

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.

_____ Applicant's Signature

_____ Date

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

| SECTION 1: | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE | |
|---|--|--------------------------------|
| I, (Print Name) | First, M.I., Last _____ | Social Security Number _____ |
| | hereby authorize: | Date of Birth _____ |
| Previous Employer: | _____ | Email: _____ |
| Street: | _____ | Telephone: _____ |
| City, State, Zip: | _____ | Fax No.: _____ |
| to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application) | | |
| To: | Prospective Employer: <u>D.T.S. Worldwide Transportation</u> | |
| Attention: | <u>Human Resources</u> | Telephone: <u>301.476.8490</u> |
| Street: | <u>2211 Spencerville Rd</u> | |
| City, State, Zip: | <u>Spencerville, MD 20868</u> | |
| In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. | | |
| Prospective employer's confidential fax number: | <u>301.476.7307</u> | |
| Prospective employer's confidential email address: | <u>HR@deluxetransportation.com</u> | |
| | Applicant's Signature _____ | Date _____ |

| SECTION 2: | TO BE COMPLETED BY PREVIOUS EMPLOYER | |
|---|--------------------------------------|--|
| EMPLOYMENT VERIFICATION | | |
| The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Employed as (job title) _____ from (m/y) _____ to (m/y) _____ | | |
| Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> | | |
| Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ | | |
| Completed by: _____ | | |
| Company: _____ | | |
| Street: _____ | | |
| City, State, Zip: _____ Telephone: _____ | | |
| Signature: _____ Date: _____ | | |
| If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning. | | |

SIDE 2

Employee Name: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here if there is no accident register data for this driver.

| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here and return.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | |
| • Alcohol use after an accident, in violation of §382.303. | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

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

DRIVER REQUIREMENTS: Each driver shall furnish 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 (Section 391.27).

| COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS | | | |
|---|--------------------------|--------------------|--------------------------|
| NAME OF DRIVER: (PRINT) | 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. (If you have had no violations, check the following box - <input type="checkbox"/> None.) | | | |
| DATE | OFFENSE | 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 (other than those I have provided under Part 383) required to be listed during the past 12 months. | | | |
| Date _____ | Driver's Signature _____ | | |

| COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD | |
|---|--|
| MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below. | |
| I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one): | |
| <input type="checkbox"/> Meets minimum requirements for safe driving | <input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to Section 391.15 |
| <input type="checkbox"/> Does not adequately meet satisfactory safe driving performance | |
| Action taken with driver: _____ | |
| Reviewed by: _____ | |
| Signature _____ | Date _____ |
| Printed Name _____ | Title _____ |
| Motor Carrier Name _____ | Motor Carrier Address _____ |

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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

Motor Vehicle Driver's

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operated 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 more, 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 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require 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: 1) your employing motor carrier, and 2) 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.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____