

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

(print) Company Sabal Transport, Inc.

Address PO Box 40

City Bartow State Florida Zip 33830

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, marital status, veteran status, non-job related disability, or any other protected group status.

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 I have the right to:

- Review information provided by 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 to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____
 Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long? yr. /mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr. /mo.
 _____ How Long? _____
Street City State & Zip Code yr. /mo.
 _____ How Long? _____
Street City State & Zip Code yr. /mo.

Do you have the legal right to work in the United States? _____
 Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____
 Dates: From _____ To _____ Rate of Pay _____ Position _____
 Reason for leaving _____
 Are you employed? _____ If not, how long since leaving your last employment? _____
 Who referred you? _____ Rate of pay expected _____
 Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job (as described in the attached job description)?

EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' of information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
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WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity.

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
 IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI TRAILER ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR – TWO TRAILERS ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR _ THREE TRAILERS ___ YES ___ NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH – SCHOOL BUS ___ YES ___ NO				
OTHER _____				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST ANY COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME)

(CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer	
Company Name:	<u>SABAL TRANSPORT, INC.</u>
Company Contact Name:	<u>KEN CHAMBERS</u>
Fax #:	<u>(863) 582-7263</u>
HireRight Account Code:	<u>SABALT</u>

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____
_____	_____	_____	() _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES**

Sabal Transport Inc. (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The type of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

AUTHORIZATION

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

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

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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

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

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

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

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

AUTHORIZATION

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

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

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy

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

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain on my PSP report.

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

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holder by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

**INQUIRY INTO SAFETY PERFORMANCE HISTORY DATA
AUTHORIZATION/SPECIFIC WRITTEN CONSENT**

I, _____ Social Security Number: _____
Date of Birth: _____

Hereby authorize

Previous employer:

Address:

Telephone: _____ Fax: _____

To release and forward information requested within this document concerning my Alcohol & Drug Testing records under 49 CFR Part 40 within 3 years from date of employment application.

To:

Prospective employer: **Sabal Transport, Inc.**
Address: PO Box 40, Bartow, FL 33831
Ph.: 863-533-0871

Attn: Ken Chambers
k.chambers@sabaltransport.com
Fax: 863-582-7263

Applicant Signature

Date of application

SAFETY PERFORMANCE HISTORY DATA

Previous employers must complete the following three(3) area and return within 30 days of receipt in accordance with 49 CFR 391.23 (g).

If there is no Safety Performance History to report, check here _____ and return.

I. EMPLOYMENT VERIFICATION

Was or is the above-mentioned applicant employed* with your motor carrier? Yes ___ No ___

(*Employed may be taken to mean utilized under your USDOT number, even though he/she was not an employee under other agency definitions such as IRS or DOL.)

Job Title: _____ Dates employed: _____

Did he/she drive motor vehicle for you? _____ if yes, please indicate type(s):

Straight Truck Truck-tractor semi-trailer Bus Cargo Tank Doubles/Triples

Other (list):

II. ACCIDENT HISTORY

Please list any accidents included on your motor carrier's accident register (390.15(b)) that involved the applicant. They must reflect all accidents three (3) years prior to the date of application indicated in the AUTHROIZATION/SPECIFIC WRITTEN CONSENT portion of this form on page 1.

Date	Location	No of Injuries	No of fatalities	Hazmat Spill

Please provide information concerning other accidents not appearing on your accident register involving a commercial motor vehicle that were reported to government agencies or insurers or retained under company policies:

III. DOT DRUG & ALCOHOL TESTING HISTORY

If the applicant was not subject to DOT testing requirements under 4 CFR Part 40 while employed with you, check here _____ and return.

In the three (3) years prior to the date of the employee's signature (see AUTHROIZATION/SPECIFIC WRITTEN CENSENT), 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 test?
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 violation to you?
Yes ___ No ___
6. If you answered "yes" to any of the above items, did the employee complete Return-to-duty process? Yes ___ No ___ N/A ___

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record

Completed by: _____ Company: _____

Address: _____ Ph.: _____

Signature: _____ Date: _____

PROSPECTIVE EMPLOYER DOCUMENTATION

Sent to former DOT-related employer: 1st _____ 2nd _____ 3rd _____

Verification method: _____ Verified by: _____