

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

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

C. List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

D. List any Safe Driving awards you hold and from whom: _____

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

F. Is there any reason you might be unable to perform the functions of the job for which you have applied? YES _____ NO _____

If the answer to any questions listed above are "yes" give details below. _____

G. Are you 18 years of age or older? YES _____ NO _____

H. Are you legally eligible for employment in the USA? YES _____ NO _____

I. Have you ever been convicted of a felony? YES _____ NO _____

J. Are you able to pass a background check? YES _____ NO _____

K. Are you a Veteran? YES _____ NO _____ If yes, what branch? _____

Education:

Name and Address of High School City/State

Diploma Received: YES _____ NO _____ Other: _____

Please provide any relevant information such as professional license, certification(s) required by the position, equipment or machines you can operate or any other related skills you wish us to know about. _____

REFERENCES:

List three (3) persons for references, other than family members, who have knowledge of your work and safety habits.

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

You **MUST** list the complete mailing address: street number and name, city, state, zip code and phone number.

LAST EMPLOYER: NAME/CONTACT _____

ADDRESS _____ E-MAIL _____

PHONE _____ FAX _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME/CONTACT _____

ADDRESS _____ E-MAIL _____

PHONE _____ FAX _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME/CONTACT _____

ADDRESS _____ E-MAIL _____

PHONE _____ FAX _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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."

DATE

APPLICANT'S SIGNATURE

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.

If you do not want us to call your current employer for verification of employment please note "DO NOT CALL" by their name above.

PREVIOUS EMPLOYMENT VERIFICATION

Sent to: _____

Fax Number: _____

Requested **Registers Enterprises**
9323 N. Hwy 231 Panama City, FL 32404

Phone: 850-722-7227
Fax: 850-722-7217

Name of Applicant: _____ Social Security #: _____

Job Title: _____ Hire Date: _____

Termination Date: _____ Resigned: Yes No Discharged: Yes No

If Discharged, why? _____

Eligible for Rehire? Yes _____ No _____ Upon Review _____ If No, please explain: _____

Equipment: Type of Tractor/Truck: _____ Trailer Length: _____

Refrigerated _____ Flatbeds _____ Vans _____ Tanker _____ Other _____

Overall Safety Performance: Poor _____ Fair _____ Good _____ Excellent _____

Accident information below requested in accordance with FMCSR Part 391.23. (Accidents within last 36 months.)

Accidents: # Preventable: _____ Description: _____

Non-Preventable: _____ Description: _____

Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)

Tested positive for controlled substance/alcohol? Yes _____ No _____

Ever refused a required test for drugs or alcohol? Yes _____ No _____

Person Providing Information

Title

1.) I hereby authorize the above-mentioned employer/school to release all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment to Registers Enterprises Trucking, Inc. (or their authorized agents) which may request such information in connection with my application for employment with Registers Enterprises Trucking, Inc.

2.) In conformity with 49 CFR part 40, I hereby authorize the above-mentioned employer/school and their agents to furnish Registers Enterprises Trucking, Inc. the above-requested information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 and any information the above-mentioned employer/school and/or their authorized agents have received regarding violations of 49 CFR part 40 from my previous employers covered by D.O.T.

3.) I hereby release the above-mentioned employer/school and their authorized agents from any and all liability of any type as a result of providing the above-requested information to Registers Enterprises Trucking, Inc.

By signing below, I certify that I have read and fully understand Parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with Registers Enterprises Trucking, Inc.

It is expressly acknowledged, understood and agreed that the information provided by the applicant regarding the applicant's employment during the previous three (3) years in accordance with Section 391.21(b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of Section 391.23 of the FMCSR. The applicant has certain due process rights under the FMCSR regarding the information received as a result of these investigations, as described below.

Applicant's Due Process Rights: 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 Registers Enterprises Trucking, Inc.; and 3) 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.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, must submit a written request to the Safety Compliance Manager of Registers Enterprises Trucking, Inc., which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. Registers Enterprises Trucking, Inc. will provide this information to the applicant within five (5) business days after receiving the written request. If, however, Registers Enterprises Trucking, Inc. has not yet received the requested information from the previous employer(s), then it will provide the information to the applicant within five (5) business days after it receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of Registers Enterprises Trucking, Inc. making them available, Registers Enterprises Trucking, Inc. will consider the driver to have waived the request to review the records.

Applicant Signature

Date

Please sign and date on the bottom of this page to authorize the verification of your previous employment.