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	("Prospective Employer"), Prospective
Employer, its employees, agents or contractors may obtain one or more reports regarding y	our 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.

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://dataqs.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 _______ ("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 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.

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 affiliates to obtain the information authorized above.

Date:		
	Signature	
	Name (Please Print)	

NOTICE: This form is made available to monthly account holders 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.

LAST UPDATED 12/22/2015

FREIGHTMASTER USA, LLC. 950 Houston Northcutt Blvd., Suite 100 Mt. Pleasant, SC 29464

APPLICATION FOR QUALIFICATION

(ANSWER ALL QUESTIONS - PLEASE PRINT)

In Compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard for race, color, religion, sex, national origin, marital status, age, or non-job related disability.

Date	
Position applied for	
Is there any reason why you might be unable to pe	erform the functions of the position for which you have applied?
☐ Yes ☐ No If yes, please explain:	
Name	SS #
	Phone #
	How Long?
Previous Address	
	How Long?
Do you have the legal right to work in the United	
Date of Birth(Required for driving position only)	Can you provide proof of age?
	State Endorsements
Who referred you to FREIGHTMASTER USA, LLC	.C.?
	EDUCATION
(Check	the highest year completed)
Primary School	College
1 2 3 4 5 6 7 8 9 10 11 12 □ □ □ □ □ □ □ □ □ □ □ □ Diploma?	1 2 3 4 □ □ □ □ Degree?
ADI	DITIONAL TRAINING
	DITIONAL TRAINING
List below any training you have received tha	at will aid you in the performance of the applied for position.

(Page 1 of 7 -Rev. 8/15/16)

Have you, during the past (3) years tested positive, or refused a preyou applied for but did not obtain, safety sensitive transportarules?			
	□ Yes	□ No	
Have you ever been convicted of a felony?	□ Yes	□ No	Date
Are you currently on parole or probation?	□ Yes	□ No	Until
Have you been denied a license to operate a motor vehicle in	the past	7 years?	
	□ Yes	□ No	Date
Has your license been suspended during the past 7 years?	□ Yes	□ No	Date
Have you ever been convicted, or are charges pending for amphetamine, or a derivative thereof?	or driving		influence of a narcotic drug, Date
Have you been convicted or are charges pending for driving	under the ☐ Yes		of alcohol in the past (7) years? Date
If you answered yes to any of the above questions, please exp	plain:		
MINIMUM QUALII	FICATIO	ONS	

- Must present a clean well groomed appearance
- Must be (24) years of age
- Must possess only (1) driver's license issued by your state of residence
- Must have acceptable references from previous employers
- Must not falsify application
- Must never have been convicted of DWI in a commercial vehicle
- Must not have been convicted of a DWI in a personal vehicle in the past (7) years
- Must not have been convicted of reckless or careless driving in the past (7) years
- No license suspensions or revocations for driving conduct in the past (7) years
- No convictions for drug related conduct
- No more than (3) convictions for moving violations within the past (3) years
- No major accidents within the past (3) years
- Must possess valid driver's license, SS card, and immigration document as may be required
- Must provide verifiable DOT long-form physical and medical certification with at least (6) months remaining
- A minimum of (2) years verifiable recent driving experience
- Must read and write the English language well enough to fulfill the requirements of the position applied for, per 391.11 (b) 2.
- No more than (1) serious violation in the past year as defined by part 383.51(c)
- No truck, trailer or load abandonment
- No felony convictions
- No rear end accidents in the past (5) years. No more than (1) DOT recordable accident in the past (5) years

TO BE READ AND SIGNED BY DRIVER/OWNER OPERATOR APPLICANT

EQUIPMENT OWNER / DRIVER RELEASE

I understand that the information I have provided in this application will be to determine my qualifications, and that prior employers will be contacted for purposes of investigation as required by CFR 391.23. The Civil Rights Act of 1964 prohibits discrimination because of race, religion, sex, or national origin, marital status, or physical or mental handicap or disability.

I agree and understand that any misrepresentation or omission on my part insofar as the information I have provided in this application shall be regarded as an act of dishonesty.

It is agreed and understood that the contractor or his agent may investigate the applicant's background, criminal record, driving record, and personal conduct as related to the position applied for AND THAT APPLICANT RELEASES CONTRACTOR AND HIS AGENTS FROM ALL LIABILITY FOR ANY DAMAGES RESULTING FROM SUCH INVESTIGATION.

The applicant agrees to furnish such additional information and complete such examinations as may be required in order to complete the contractor's file.

It is mutually understood and agreed upon that no contract or lease shall create an employer employee relationship.

- A. I hereby give my express consent for DAC Services, FREIGHTMASTER USA, LLC., any previous companies/ employers, their agent, or Medical Review Officer to release the following information concerning any of my past controlled substance results:
 - 1. The type of controlled substance testing for which I submitted a urine sample,
 - 2. The date of such collection,
 - 3. The identity of the person or entity performing the collection, analyzing the specimens, and serving as the Medical Review Officer.
 - 4. Whenever the test results were positive the substance identified.
- B. I understand and voluntarily consent to submit to urine/breath testing if requested in conformance with 49CFR part 40.1. I understand that such testing will be conducted under the direction of the Medical facility chosen by the contractor. I further understand that samples submitted will be used to determine if I engage in the use of controlled substances as defined in 49 CFR part 40. I give permission for you, your Medical Review Officer or your designated agent to release the above information from time to time to DAC Services 4110 S 100th Ave. Tulsa, Ok. I hereby authorize you your agent, Medical Review Officer, or DAC Services to release this information to any future employer, company or agent thereof providing I have given my express written consent to do so. I hereby release any person or entity from any and all claims arising from the release of the information described above.
- C. I understand that a report regarding my past employment and or drug and alcohol testing and the results thereof is being requested from DAC Services, Tulsa, OK and/or my previous employers/companies. I understand that such reports will include driving record, work habits, accidents, claims etc. I understand that I have the right to submit in writing a rebuttal to any and all such reports with which I do not agree. I agree that if my equipment and services are leased by you that you in turn are hereby released from all liability resulting from providing all information as described above to DAC Services, subsequent employers, or others who have my express written consent to request such information. Applicant may, by submitting a written request to the prospective "employer", obtain a copy of or review in person reports generated by the investigations referred to herein provided this request is no later than (30) days after being "employed" or being notified of denial of "employment.". Applicant has the right to submit a written rebuttal to any report with which he/she takes exception, the right to have the rebuttal statement attached to the alleged erroneous information, and the right to have errors corrected by previous employers.
- D. This certifies that this application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge.

Signature X	Date	/	/	

ACCIDENT RECORD FOR THE PAST (5) YEARS (If none ... write "None") Accident Date _____ Type of Accident _____ Citation Received? Fatalities Injuries Describe Accident Accident Date _____ Type of Accident _____ Citation Received? _____ Fatalities _____ Injuries _____ Describe Accident _____ MOVING VIOLATIONS RECORD FOR THE PAST (5) YEARS Please list all moving violations for the past (5) years. Write "none" if there are none. Date Violation Type Vehicle Type DRIVERS LICENSE INFORMATION List ALL LICENSES HELD for at least the past (3) years Date of Birth SS# Type of license State License # Expires Have you had any license suspended or revoked in the past (7) years for a moving violation? \square Yes \square No If yes, please explain I hereby authorize FREIGHTMASTER USA, LLC. to obtain an MVR (driving record) from the State/States where I held or hold a driver's license. Per FMCSR 391.23 this inquiry is to be made regarding all licenses I have held during the past (3) years. The information from my driving record is to be used solely to determine my qualifications or continued eligibility. Any information received will be used only for "permissible purposes" as defined by the Fair Credit Reporting Act, Public Law # 91-508 Applicant/Employee $m{X}$ ______Date _____/ _____ DRIVING EXPERIENCE Tractor trailer (years) Approximate miles

____ (years) Approximate miles _____

States operated in _____

Container

(Page 4 of 7 -Rev. 8/15/16)

EMPLOYMENT HISTORY Must list (10) years prior employment

Current/Previous Job			
*** If this is your current employer, is it OK to contact them?	***	☐ Yes	□ No
Address	From	To	
	Contact		
Reason for leaving	Phone #		
Was this job subject to the Federal Motor Carrier Safety Regu	ılations?	□ Yes	□ No
Was the job designated as a safety sensitive function in any DC substance testing requirements as required by 49CFR part 40?	?	☐ Yes	controlled □ No
Previous Job			
Address	From	To	
	Contact		
Reason for leaving	Phone #		
Was this job subject to the Federal Motor Carrier Safety Regu	ılations?	□ Yes	□ No
Previous Job			
Address		То	
Reason for leaving			
Was this job subject to the Federal Motor Carrier Safety Regu	ılations?	□ Yes	□ No
Was the job designated as a safety sensitive function in any DC substance testing requirements as required by 49CFR part 40?	?	☐ Yes	controlled □ No
Previous Job			
Address			
	Contact		
Reason for leaving	Phone #		
Was this job subject to the Federal Motor Carrier Safety Regu	ılations?	☐ Yes	□ No
Was the job designated as a safety sensitive function in any DC substance testing requirements as required by 49CFR part 40%	•	subject to alcohol and o ☐ Yes	controlled □ No
		(Page 5 of 7 -Rev	v. 8/15/16

EMPLOYMENT HISTORY (continued)

Previous Job			
Address	From	To	
	Contact		
Reason for leaving	Phone #		
Was this job subject to the Federal Motor Carrier Safety Regu	lations?	□ Yes	□ No
Was the job designated as a safety sensitive function in any DC substance testing requirements as required by 49CFR part 40?		☐ Yes	controlled □ No
Previous Job			
Address	From	To	
	Contact		
Reason for leaving	Phone #		
Was this job subject to the Federal Motor Carrier Safety Regu	lations?	□ Yes	□ No
substance testing requirements as required by 49CFR part 40? Previous Joh			□ No
Previous JobAddress			
Tradicis			
Reason for leaving			
Was this job subject to the Federal Motor Carrier Safety Regu		☐ Yes	□No
Was the job designated as a safety sensitive function in any DC substance testing requirements as required by 49CFR part 40?	,	□ Yes	controlled □ No
Previous Job			
Address	From	То	
	Contact		
Reason for leaving	Phone #		
Was this job subject to the Federal Motor Carrier Safety Regu	lations?	□ Yes	□ No
Was the job designated as a safety sensitive function in any DC substance testing requirements as required by 49CFR part 40?	•	ubject to alcohol and o ☐ Yes	controlled □ No

(Page 6 of 7 -Rev. 8/15/16)

P. O. Box 1510 Mt. Pleasant, SC 29465

PHONE: 843/849-0451 FAX: 843/881-5702 (Interviewer: ______ Ext. _____)

INQUIRY TO PAST EMPLOYERS

INQUIRT TO FAST EMPLOTERS
Person for Whom Information Is Required (Driver to Complete & Sign This First Section Only)
Name of Applicant
Name of Applicant Job Applied For:
Have you refused or tested positive on a drug test at any company (whether or not you were actually employed or offered employment
by them) in the past three years? ☐ Yes ☐ No If yes, Company Name:
If yes, did you complete the DOT return-to-duty drug testing requirements? \Box Yes \Box No
I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. This authorization includes but is not limited to all inquiries required by CFR Part 391 and CFR Part 382 of the Federal Regulations pertaining to general background and drug and alcohol testing results. I hereby release you from any and all liability of any type as a result of providing the information below to the company shown above.
Applicant Signature X Date
The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note stated above, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Thank you for your cooperation.
TO (Previous Employer):
1. This applicant lists dates of employment with your firm From: To:
Is this correct?
2. Was he a driver? \(\subseteq \text{Yes} \text{In o, position:} \)
If employed as a driver, please indicate type of equipment driven:
☐ Straight Truck ☐ Containers ☐ Flatbeds ☐ Other
3. Any accidents (dates & details):
4. Reason for leaving: ☐ Resigned ☐ Discharged ☐ Laid Off
Would you re-employ this person?
5. Remarks:
ALCOHOL & CONTROLLED SUBSTANCE TESTING REPORT OF TEST RESULTS (Please provide information requested below)
Was driver subject to the Federal Drug & Alcohol Testing requirements? ☐ Yes ☐ No To your knowledge, has this individual tested positive for a controlled substance or registered a blood alcohol content of .04 or higher during the past 3 years? ☐ Yes ☐ No
Did this individual ever refuse an alcohol or controlled substance test or violate any other DOT drug and alcohol testing rules?
Signature & title of person supplying information: Date:
□ Mail □ Phone □ Faxed □ Personal Interview Interviewed by: Date:
Comments:

(Page 7 of 7 -Rev. 8/15/16)