

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 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 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

GULF LINE TRANSPORT, 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 perform the functions of the position for which you have applied?

Yes No If yes, please explain: _____

Name _____ SS # _____

Present Address _____ Phone # _____

How Long? _____

Previous Address _____

How Long? _____

Do you have the legal right to work in the United States? Yes No Email: _____

Date of Birth _____ Can you provide proof of age? Yes No

(Required for driving position only)

CDL # _____ State _____ Endorsements _____

Who referred you to GULF LINE TRANSPORT, LLC.? _____

EDUCATION

(Check the highest year completed)

Primary School

1 2 3 4 5 6 7 8 9 10 11 12

Diploma? _____

College

1 2 3 4

Degree? _____

ADDITIONAL TRAINING

List below any training you have received that will aid you in the performance of the applied for position.

Have you, during the past (3) years tested positive, or refused a pre-employment drug or alcohol test for an employer where you applied for but did not obtain, safety sensitive transportation work covered by DOT drug and alcohol testing rules?

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 driving under the influence of a narcotic drug, amphetamine, or a derivative thereof? Yes No Date _____

Have you been convicted or are charges pending for driving under the influence of alcohol in the past (7) years? Yes No Date _____

If you answered yes to any of the above questions, please explain:

MINIMUM QUALIFICATIONS

- 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

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

Table with 3 columns: Date, Violation Type, Vehicle Type. Three empty rows for data entry.

DRIVERS LICENSE INFORMATION

List ALL LICENSES HELD for at least the past (3) years

Date of Birth _____ SS# _____

Table with 4 columns: Type of license, State, License #, Expires. Three empty rows for data entry.

Have you had any license suspended or revoked in the past (7) years for a moving violation? Yes No

If yes, please explain _____

I hereby authorize GULF LINE TRANSPORT, 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 **X** _____ Date ____/____/____

DRIVING EXPERIENCE

Tractor trailer _____ (years) Approximate miles _____

Container _____ (years) Approximate miles _____

States operated in _____

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 Regulations? Yes No

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



Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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



Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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



Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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

EMPLOYMENT HISTORY

(continued)

Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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



Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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



Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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



Previous Job _____

Address _____ From _____ To _____

_____ Contact _____

Reason for leaving _____ Phone # _____

Was this job subject to the Federal Motor Carrier Safety Regulations? Yes No

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

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

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

INQUIRY TO PAST EMPLOYERS

Person for Whom Information Is Required (*Driver to Complete & Sign This First Section Only*)

Name of Applicant _____

Social Security #: _____ 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? Yes 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? Yes No If no, please explain: _____

2. Was he a driver? Yes No If no, position: _____

If employed as a driver, please indicate type of equipment driven: Tractor Trailer Doubles

Straight Truck Containers Flatbeds Other _____

3. Any accidents (dates & details): _____

4. Reason for leaving: Resigned Discharged Laid Off

Would you re-employ this person? Yes No If no, please explain: _____

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? Yes No

Signature & title of person supplying information: _____ Date: _____

Mail Phone Faxed Personal Interview Interviewed by: _____ Date: _____

Comments: _____