

DOT DRIVER'S APPLICATION FOR EMPLOYMENT

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



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.

Applicant Name _____ **Date of Application** _____
(print)

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 also understand that I am required to abide by all the 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, to investigate 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 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 _____

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 _____

DRIVER EMPLOYMENT APPLICATION

Freeport Transportation, LLC | 1349 N. Columbia Ave | Rincon, GA | Phone: 912-754-7900

Email: recruiting@freeporttransportation.com

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have the legal right to work in the United States? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

If so, please provide a detailed explanation on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

PREVIOUS THREE-YEAR RESIDENCY

Attach an additional sheet if more space is needed						
	STREET		CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT						
MAILING						
PREVIOUS						
PREVIOUS						

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not hold more than one motor vehicle license, as listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES LAST 3 YEARS				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

¹Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach an additional sheet if more space is needed. Check this box if none <input type="checkbox"/>				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach an additional sheet if more space is needed. Check this box if none <input type="checkbox"/>			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral, and/or points)

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

If yes, explain. _____

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain. _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gap in employment exceeding one month must be explained.***

Begin with your current or most recent position, including any relevant military experience, and work backward. Attach separate sheets if necessary. You are required to list the complete mailing address, including street number, city, state, zip code, and provide all other necessary information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	

EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substance testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR	TO MO/YR	
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

THIRD (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR	TO MO/YR	
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

FOURTH (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR	TO MO/YR	
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

FIFTH (MOST RECENT) EMPLOYER				
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NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES <input type="checkbox"/> NO

SIXTH (MOST RECENT) EMPLOYER						
NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES <input type="checkbox"/> NO

SEVENTH (MOST RECENT) EMPLOYER						
NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> YES <input type="checkbox"/> NO

EIGHT (MOST RECENT) EMPLOYER						
NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	

EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO

NINTH (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO

TENTH (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO

ELEVENTH (MOST RECENT) EMPLOYER				
NAME			PHONE	
ADDRESS				
POSITION HELD		FROM MO/YR		TO MO/YR
REASON FOR LEAVING				SALARY
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)				
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				<input type="checkbox"/> YES <input type="checkbox"/> NO

TWELTH (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to conduct investigations (including contacting current and former employers) into my personal, employment, financial, medical history, and other related matters as may be necessary to make an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted to investigate my safety performance history as required by 49 CFR 391.23. 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 resend 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.

This certifies that I have completed this application, and that all entries and information contained within are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

FMCSA – AUTHORIZATION TO RELEASE SAFETY PERFORMANCE HISTORY
(As required by 49 CFR Parts 40.25 and 391.23)

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



Applicant Name: _____ (Print Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, hereby authorize you to release the following Information to Freeport Transportation, LLC for the purpose of a DOT investigation as required by 40.25 (g) and 391.23(h) of the Federal Motor Carrier Safety Regulations.

Signature of Applicant

Date

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

The above-named applicant has applied to this company for a position as a driver and states that he/she was employed by you as a driver from (m/y) _____ to (m/y) _____. In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant who employed him/her to operate a CMV within the past 3 years

To Be Completed by Previous Employer

Safety Performance History:

Dates of Employment: (month/year) _____ to (month/year) _____

Did he/she drive a Commercial Motor Vehicle for you? ☐ YES ☐ NO

What type of Straight Truck?

☐ Tractor-Semi Trailer ☐ No Flatbeds ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Reason for Leaving: ☐ Discharged ☐ Resignation ☐ Layoff ☐ Military Duty

Eligible for rehire: ☐ Yes ☐ No ☐ Review

☐ Check if there is no Safety Performance history to report, sign below and return.

Accidents: Complete the following for any accidents on driver in the past 3 years prior to date above
(390.15(b)) (391.23(d)(2)(ii) Minor or Major

Date	Location	No. of Injuries	# Fatalities	Hazmat Spill
1				
2				
3				
4				

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

DISCLOSURE AND AUTHORIZATION

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



Please return by Email at: susan.elrod@freeporttransportation.com Phone: 912-755-9651

Disclosure and Authorization Regarding Background Investigation for Employment Purposes

Disclosure:

Freeport Transportation LLC (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).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612. 1(800) 400-2761 or www.hireright.com.

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

This authorization remains in effect until a written request is received to withdraw consent, and checks can be conducted at any time.

Authorization:

I hereby authorize Freeport Transportation and HireRight to obtain the consumer reports described above regarding me.

Applicant Name: _____

Applicant Signature: _____

Date: _____

DRUG & ALCOHOL CLEARINGHOUSE CONSENT

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained for three years after the date of the last limited query performed for this driver, as per the authorization below.

AUTHORIZATION

I, _____, hereby authorize (Driver's printed name)

FREEPORT TRANSPORTATION LLC, to conduct limited annual queries of FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier. I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

OFFICE USE ONLY:

Date Requested: _____

By: _____

MVR RELEASE CONSENT FORM

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



In conjunction with my employment at Freeport Transportation LLC ("the Company"), I, the applicant, consent to the release of my Motor Vehicle Record (MVR) to the Company.

It is my understanding that the company will use these records to evaluate my suitability to perform driving duties related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

By signing this consent, I authorize Freeport Transportation to obtain my Motor Vehicle Record (MVR) at any time during my employment with the company and every year thereafter.

No notice will be provided, and this authorization includes annual MVR reviews. This consent remains valid for the duration of my employment or contract with Freeport Transportation LLC. I may withdraw this consent at any time by providing written notice of withdrawal.

I understand that I may request a copy of any MVR pulled by Freeport Transportation by submitting a written request at any time.

In accordance with Public Law 18 USC 2721 et seq., the "Federal Drivers Privacy Protection Act," this consent constitutes "written consent" as required by this law.

Printed Name: _____

Signed (applicant): _____

Driver's License Number _____ State: _____

Date-of-Birth _____ Last "4" digits of Social Security # _____

Date: _____

Safety Representative Name (Print): _____

Signature: _____ Date: _____

Safety Witness Name (Print): _____

Signature: _____ Date: _____

MVR Pulled: _____ By: _____

Clear: _____ Violations: _____

**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 Freeport Transportation, LLC (“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 employment application is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision not to 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 employment application is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision not to 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 you with 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 can 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 be displayed on your PSP report. Since the PSP report does not report, assign, or imply faults, 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, regardless of whether they result in 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 Freeport Transportation, LLC (“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 in making 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. Furthermore, the language on this form must exist as a single, 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 2/11/2016

FMCSR | 49 CFR § 391.11(b)(2)



ursuant to the Federal Motor Carrier Safety Regulations (FMCSR), 49 CFR § 391.11(b)(2),
a driver of a commercial motor vehicle must possess the ability to read and speak the

English language sufficiently to:

- Converse with the general public.
- Understand highway traffic signs and signals in the English language.
- Respond to official inquiries; and
- Make entries on reports and records.

**By checking below, you certify that you meet the requirements set forth in 49 CFR §
391.11(b)(2):**

☐ **Yes**

☐ **No**

ORIENTATION LETTER

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



Thank you for your interest in Freeport Transportation LLC. Below, you'll find important information about Freeport Transportation, along with our minimum driver requirements.

Minimum Driver Requirements:

1. **Compliance with Federal Motor Carrier Guidelines:** All drivers must meet the Federal Motor Carrier regulations.
2. **Valid Commercial Driver's License (CDL):** Drivers must have a valid CDL with the appropriate endorsements in their state of residence.
3. **Traffic Violations:** Drivers should not have any serious or disqualifying traffic violations within the last three (3) years, including but not limited to:
 - **Excessive speeding** (15 mph or more above the posted speed limit)
 - **Reckless driving** (defined by state or local law, including driving in willful or wanton disregard for the safety of persons or property)
 - **Improper or erratic lane changes**
 - **Tailgating** (following the vehicle ahead too closely)
 - **Driving under the influence** of drugs or alcohol (DUI/DWI)
 - **Hit and run** (leaving the scene of an accident or failing to report an accident)
4. **Moving Violations:** No more than four (4) moving violations in the past 36 months, and no more than two (2) in the previous 12 months.
5. **Preventable Accidents:** No preventable accidents resulting in fatalities, bodily injury treated away from the scene or disabling damage to a vehicle in the past three years.
6. **Driving Experience:** A minimum of five (5) years of driving experience in the USA.
7. **Tractor-Trailer Experience:** A minimum of three (3) years of experience operating tractor/trailer equipment.
8. **Age Requirement:** Drivers must be at least 23 years old.

Pre-Orientation Requirements

Before attending the orientation at Freeport Transportation Inc., you will be assigned safety training videos to complete. These videos are essential for ensuring safe operations and will help expedite your orientation process.

Equipment and Policy Compliance

- **Dash Cameras:** Freeport Transportation Inc. utilizes both forward and outward-facing dash cameras in all trucks. It is mandatory for all trucks to have functional dash cams. If you do not agree with this policy, please inform Freeport Transportation Inc. to be removed from the potential orientation process.

- **Electronic Logging Devices (ELD):** We comply with Federal Motor Carrier Safety Regulations on Hours of Service. All drivers will be required to use Samsara Electronic Log Devices (ELDs). If you do not agree with this policy, please notify Freeport Transportation Inc. to be removed from consideration.
- **Vehicle Inspections:** All Owner-Operator equipment must undergo a vehicle inspection by a representative of the Vehicle Maintenance Company. Any required repairs must be completed before operating with Freeport Transportation Inc. If you disagree with this policy, please notify Freeport Transportation Inc. to be removed from the potential orientation.

Orientation Policies

- **Orientation Attendance:** If a driver leaves orientation early on the day of orientation, their process will be terminated, and they will not be hired.
- **Termination During Orientation:** Freeport Transportation Inc. reserves the right to cease the hiring process during orientation for the following reasons:
 - Non-compliance with Freeport Transportation policies
 - Determination by ownership and/or management that the applicant is not a safe professional driver
 - Suspicion of drug or alcohol use during orientation (the driver will be required to take a reasonable suspicion test)
 - The driver becomes confrontational or angry during orientation
 - Discovery of other grounds by ownership and/or management not listed above

Note: If any of the above circumstances occur, the driver's qualification file will be maintained with a report detailing the reasons for not being hired.

Print Name

Signature

Date

Safety Name

Safety Signature

Date

Susan Elrod
 Director of Safety
 912-755-9651

susan.elrod@freeporttransportation.com

OPPORTUNITIES ON LOCAL LANES AND ROAD ROUTES

Freeport Transportation LLC | 1349 North Columbia Avenue | Rincon, GA 31326



Dear Driver,

We are excited to inform you about the driving opportunities available at Freeport Transportation, LLC. We offer both **local lanes** and **road routes**, providing flexibility to match your preferences and lifestyle.

If you prefer to stay closer to home, our local routes offer the opportunity to return home daily. Our road routes provide access to more locations for those who prefer longer journeys. Currently, most routes allow daily returns home, depending on driving hours.

Please let us know which option works best for you by selecting one or more of the options below.

Preferred routes:

Local Lane _____

Road Routes _____

Flexible _____

Freeport Transportation prides itself on excellent customer service; therefore, there may be times when we ask you to help by taking a route that is not your normal route, to ensure timely deliveries and meet our clients' expectations. Flexibility is key to maintaining high standards of service for which Freeport Transportation is known.

We recognize that routing changes can be challenging at times. However, your readiness to adapt enables us to maintain our commitment to reliability, efficiency, and exceptional customer service. Your contributions directly enhance our team's success and boost customer satisfaction.

If you have any questions or concerns about the routes, please don't hesitate to contact us.

Sincerely,

Freeport Transportation