



CHICKEN HAWK TRANSPORT, LLC

DOT APPLICATION

235 London Drive
Sparks, NV 89437



DRIVER EMPLOYMENT APPLICATION

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

| PREVIOUS THREE YEARS RESIDENCY | | | | | |
|--|--------|------|-------|----------|-----------------------|
| <i>Attach additional sheet if more space is needed</i> | | | | | |
| | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |
| 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 have more than one motor vehicle license, the information for which is 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 | | | | |
| | | | | |
| | | | | |

| 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 | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

| 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 additional sheet if more space is needed. Check this box if none ☐

| 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 gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other 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 substances 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 | | | | | |

| 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 make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at 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 for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior 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 completed this application, and that all entries on it and information in it 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) | | | |

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ Yes ☐ No

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____



Please Read Carefully

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by *Chicken Hawk Transport*, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personal manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of *Chicken Hawk Transport*, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/General Manager of *Chicken Hawk Transport*. Both the undersigned and *Chicken Hawk Transport* may end the employment relationship at any time, without specified notice or reason. If employed, I understand that this company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give *Chicken Hawk Transport* permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release *Chicken Hawk Transport* from any liability as a result of such contact.

I also understand that (1) *Chicken Hawk Transport* has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, *Chicken Hawk Transport* may request from a consumer reporting agency an investigative consumer report including the information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, *Chicken Hawk Transport* will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with *Chicken Hawk Transport* shall be probationary for a period of sixty(60) days, and further that at any time during the probationary period or thereafter, my employment relationship with *Chicken Hawk Transport* is terminable at will for any reason by either party.

Signature of applicant _____

Date: _____

Chicken Hawk Transport is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with *Chicken Hawk Transport* depends solely on your qualifications.

Thank you for completing this application and for your interest in our business.

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 _Chicken Hawk Transport, 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 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 Chicken Hawk Transport, 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 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.

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

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation on the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV with the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review the 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 the prospective employer.
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 wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request a correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Driver's Name(printed): _____ Date: _____

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25 (j) requires the employer to ask any driver applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, employers must not use the employee, if hired, to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See CFR 40.25(b)(5) and (e)).

Applicant Name(print): _____ ID Number: _____

Since you are applying to perform safety-sensitive functions for our company, we are required by CFR Part 40.25(j), to ask the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES NO
2. If you answered YES to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

YES NO

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Chicken Hawk Transport

Notice to driver applicants Controlled Substances Testing Requirement

Chicken Hawk Transport has a vital interest in maintaining safe, healthy, and efficient working conditions for our customers, the public, and our drivers. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with and around the user. The possession, use, or sale of alcohol or an illegal controlled substance poses unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Controlled Substances Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING.

By completing and signing this notice and the attached application for employment, the driver/applicant understands and agrees to submit to a pre-employment-controlled substance testing as provided for in Chicken Hawk Transport's Alcohol and Controlled Substance Policy.

ANY DRIVER/APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CHICKEN HAWK TRANSPORT. Refusal of a driver/applicant to agree to controlled substance testing at this time does not preclude applying for employment with Chicken Hawk Transport at a future date.

Date: _____

Signature of Applicant: _____