

7104 Wards Road • Rustburg, VA 24588 | www.englishertransport.com | Phone: (800) 669-6788 Fax: (434) 929-6400

Thank you for your interest in Englander Transportation, Inc. To apply for a driving position, please complete our application for employment. Incomplete information will delay the processing of your application or prevent it from being submitted. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

To qualify for employment with Englander Transportation, Inc., you must meet the following minimum criteria:

- Must have a Class A Commercial Driver's License in state of residence
- Must be at least 23 years of age
- Must be legally able to work in the United States
- Must not have DUI/DWI or Reckless Driving within the past five (5) years
- License must not have been suspended or revoked due to traffic offenses within the last 5 years
- No more than three minor moving violations within the past three (3) years
- No more than three preventable at-fault accidents within the past three (3) years
- No preventable rear-end accidents or head-on collisions in the past three (3) years
- *Additional violations not listed above are subject to review*

Today's date: _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Have you lived at this address for the past 3 years? Yes No

If "No", supply all residences within the past 3 years on the blank below. Include start and end dates.

Social Security # _____ Date of Birth _____

Phone _____ Cell Phone _____

Email Address _____

Preferred method of contact? (circle one) Any Phone Cell Email

Best time to contact you? (circle one) Any Morning Afternoon Night

| | | |
|---|-----------|-----------|
| Do you have at least 12 months of Class A experience in the past 36 months? | Yes | No |
| Have you ever abandoned a truck or quit under a load? If yes, please _____ | Yes | No |
| Which are you interested in? | Full-Time | Part-Time |
| What type of driving position are you applying for? | Solo | Team |
| Are you currently employed?..... | Yes | No |
| Were you referred by a Company employee?..... If yes, what is the employee's name? _____ | Yes | No |
| How did you hear about us? _____ | | |
| Have you ever worked for this Company before? | Yes | No |
| Have you ever been known by another name? | Yes | No |
| If yes, what name(s)? _____ | | |
| List the name(s) of any relatives employed by this Company _____ | | |

Essential Job Functions

Are you physically able to perform the following essential job functions, with or without reasonable accommodation?

1. Must continuously meet all Federal DOT and State requirements
2. Must have current, valid CDL (Class A) license
3. Must be able to communicate clearly in English by telephone and be able to read and use all documents relating to the pick-up and delivery of freight as prescribed by customers
4. Must be able to conform to the lifestyle of an over-the-road driver, including irregular in-service hours, irregular eating schedules, being away from home for an extended period of time and various other irregular functions and changes
5. Must be able to operate a commercial vehicle safely at all times and for extended periods of time (sit and remain alert while driving for an aggregate period or up to 11 hours at a time), in accordance of DOT regulations
6. Must be able to climb in and out of commercial vehicles and trailers that are 4 feet or more above the ground for a minimum of eight (8) times a day. This may require twisting and balancing.
7. Must be able to perform functions that require repeated bending, stooping, pushing, pulling, gripping, and operating foot pedals
8. Must be able to pull horizontally to successfully hook and unhook a trailer, slide trailer wheels and tandems, raise and lower landing gear and hood, and open and close trailer doors

Your signature at the end of this application attests that your answers to the next two questions are true and complete to the best of your knowledge.

If hired, would you be able to perform all of the job tasks outlined in the Essential Job Functions listed above?
Yes No

If no, what accommodations would you need to perform these Essential Job Functions? (if none, please indicate "none")

License 1 Information: (enter all licenses for the previous 3 years)

License Number: _____ Expiration Date:(mm/dd/yyyy): _____
License State: _____
Is this your current driver license? Yes No
Is this a commercial vehicle driver license? Yes No If yes, what class? (e.g., A) _____
Endorsements: Tanker HazMat X Endorsement Doubles/Triples

License 2 Information: (if more than 2 licenses in past 3 yrs, please attach info on additional pages)

License Number: _____ Expiration Date:(mm/dd/yyyy): _____
License State: _____
Is this your current driver license? Yes No
Is this a commercial vehicle driver license? Yes No If yes, what class? (e.g., A) _____
Endorsements: Tanker HazMat X Endorsement Doubles/Triples

School History: Enter any school (non-trucking) attended in last 10 years

School Name: _____ Start Date: _____ End Date: _____
City and State: _____ Telephone: _____
Did you graduate? Yes No Graduation date: _____

Military History:

Were you ever in the military? Yes No Start Date: _____ End Date: _____
Which Branch? _____ Did you receive an honorable discharge? Yes No

Trucking School:

School Name: _____ Start Date: _____
City and State: _____ End Date: _____
Telephone: _____ Did you Graduate? Yes No
Which of the following skills were trained in your program? (circle all that apply)
Border Crossing Log Books Hazardous Materials Federal Motor Carrier Regulations

Unemployment History: (enter all periods of unemployment for previous 10 years)

Have you been unemployed at any time in the last 10 years? Yes No
Start Date: _____ End Date: _____ Comments: _____
Start Date: _____ End Date: _____ Comments: _____
Start Date: _____ End Date: _____ Comments: _____

Employment History: Enter all employers for the past 10 years

Company Name: _____ Start Date: _____
Address: _____ End Date: _____
City and State: _____ Telephone: _____
Position Held: _____ Other duties: Office Dock Shop Other: _____
Reason for Leaving: _____ Were you terminated? Yes No
Did you operate a commercial motor vehicle? Yes No
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing? Yes No
Were you responsible for maintaining logs? Yes No
Miles driven weekly: _____ Areas Driven: _____
Equipment: (circle one) Tractor Trailer Straight Truck Dump Truck Other: _____
Trailer: (circle one) Van Flatbed Reefer Tanker Other: _____
Trailer Length: (circle one) 24' 42' 48' 53' Other: _____
Is this your current employer? Yes No
May we contact this employer at this time? Yes No

Employment History: Enter all employers for the past 10 years

Company Name: _____ Start Date: _____
Address: _____ End Date: _____
City and State: _____ Telephone: _____
Position Held: _____ Other duties: Office Dock Shop Other: _____
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Is this your current employer? Yes No
May we contact this employer at this time? Yes No

Please complete this section for ANY accidents or incidents in a commercial OR personal vehicle, DOT Recordable OR Non-recordable regardless of fault including but not limited to:

- **Backing**
- **Turning**
- **Striking a fixed object (power lines, posts, fences, etc)**
- **Miscellaneous property damage (curbs, landscaping, etc)**
- **Dropped trailer**
- **Rollover / Roll away**
- **Rear end collision**
- **Loss of vehicle control**
- **Running off roadway**
- **Tow away incident**
- **Striking road debris**
- **Found damage**

Accidents/Incidents

Were you involved in any accidents/incidents while operating any vehicle in the last 5 years (even if not at fault)? Yes No

Date of accident/incident: (month/day/year) _____

What state did it occur in? _____

Type of accident/incident: (circle) Non-injury Injury

Were you in a commercial vehicle? Yes No Was it DOT recordable? Yes No

Were you at fault? Yes No Were you ticketed? Yes No

Please describe the accident/incident: _____

Accidents/Incidents (if more than 2 in the past 5 years, please attach additional sheets)

Were you involved in any accidents/incidents while operating any vehicle in the last 5 years (even if not at fault)? Yes No

Date of accident/incident: (month/day/year) _____

What state did it occur in? _____

Type of accident/incident: (circle) Non-injury Injury

Were you in a commercial vehicle? Yes No Was it DOT recordable? Yes No

Were you at fault? Yes No Were you ticketed? Yes No

Please describe the accident/incident: _____

Please complete this section if you have been convicted of ANY moving violation in a commercial or personal vehicle including but not limited to:

- **Failure to yield**
- **Failure to obey traffic control/sign/device**
- **Speeding**
- **Improper Lane Use / Lane Change**
- **Improper Passing**

Traffic Convictions/Violations

Have you had any traffic convictions/violations in the last 5 years? Yes No

Violation Date (month/day/year) _____

What state did it occur in? _____

Charge / Description: _____

Were you in a commercial vehicle? Yes No

If speeding, what MPH over speed limit?

Penalty/Fine: Fine Revocation Suspension Community Service Other

Comments: _____

Traffic Convictions/Violations (if more than 2 in the past 5 years, please attach additional sheets)

Have you had any traffic convictions/violations in the last 5 years? Yes No

Violation Date (month/day/year) _____

What state did it occur in? _____

Charge / Description: _____

Were you in a commercial vehicle? Yes No

If speeding, what MPH over speed limit?

Penalty/Fine: Fine Revocation Suspension Community Service Other

Comments: _____

Motor Vehicle Record:

Has any license, permit or privilege **ever** been denied, suspended or revoked for any reason?

Yes No

If yes, Month/Year: _____

If yes, please explain: _____

Have you **ever** been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license, or are any charges pending?

Yes No

If yes, Month/Year: _____

If yes, please explain: _____

Have you **ever** been convicted for any alcohol or controlled substance related offense while operating a motor vehicle, or are any charges pending?

Yes No

If yes, Month/Year: _____

If yes, please explain: _____

Have you **ever** been convicted for possession, sale or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending?

Yes No

If yes, Month/Year: _____

If yes, please explain: _____

Have you **ever** been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?

Yes No

If yes, Month/Year: _____

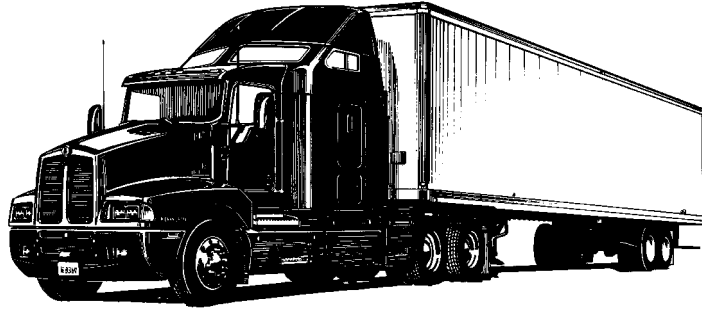
If yes, please explain: _____

Have you **ever** tested positive or refused **any** drug or alcohol test, including pre-employment, in the past 3 years?

Yes No

If yes, Month/Year: _____

If yes, please explain: _____



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ACKNOWLEDGEMENT OF RIGHTS UNDER FMCSR RIGHTS OF PROSPECTIVE APPLICANTS

Under Federal Motor Carriers Safety Administration Regulation 391.23 prospective applicants are afforded the following rights regarding the Investigative information that will be provided to the prospective employer:

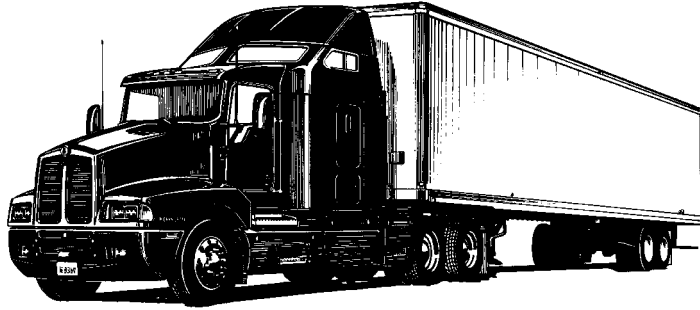
1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
4. Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
5. Drivers wishing to request correction of erroneous information in records received pursuant to these rights must send the request for the correction to the previous employer that provided the records to the prospective employer.
6. 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, the employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

_____ initial this page

7. Drivers wishing to rebut information in records received pursuant to these rights must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
8. After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - o a. Forward a copy of the rebuttal to the prospective motor carrier employer;
 - o b. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
9. The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
10. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at 386.12.
11. The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of 391.23 only as part of deciding whether to hire the driver.
12. The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.
13. No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or sue of information in accordance with this section may be brought against;
 - o a. A motor carrier investigating the information, described in paragraphs (d) and (e) of 391.23, of an individual under consideration for employment as a commercial motor vehicle driver,
 - o b. A person who has provided such information: or
 - o c. The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of 391.23, except insurers are not granted a limitation on liability for alcohol and controlled substance information.
14. The protections in paragraph (l)(1) of 391.23 do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Applicants Printed Name: _____ Date: _____

Applicants
Signature: _____



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Disclosure and Authorization for Release of Information for Employment Purposes
49 CFR Part 391.23, DOT Drug and Alcohol Testing

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below. I understand that information/documents released pursuant to this is limited to the following items, including pre-employment testing results, occurring during the previous three (3) years (i) Alcohol tests with a result of 0.04 or higher; (ii) Verified positive drug tests; (iii) Refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) Information obtained from previous employers of a drug and alcohol rule violation; and (vi) Documentation, if any, of completion of the return-to-duty process following a rule violation.

If any company listed below provides information concerning items (i) through (vi) above, I also authorize such company to furnish the following information, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

| DOT-Regulated Employer | City | State | Phone Number |
|------------------------|-------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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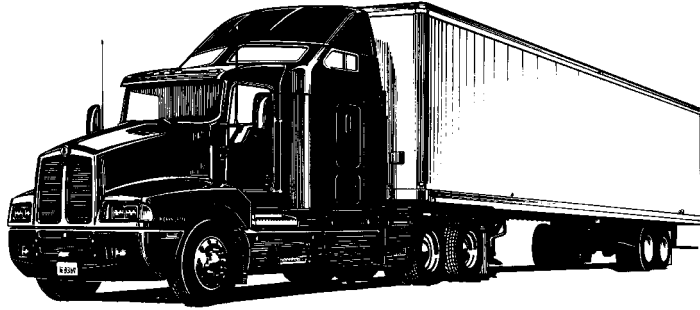
By signing below, I certify that (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Name

Social Security Number

Signature

Date



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**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Englander Transportation, Inc., 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Englander Transportation Inc. 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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Signature

Date