GREEN/FORM NO.

DQF

1

Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To	be	comp	leted	by	Emp	loyer:
----	----	------	-------	----	-----	--------

Motor Carrier: Prime Express, Inc	
Address: 2232 EDGEWOOD AVE NORTH, JACKSONVILLE, FL 32254	

To be completed by Applicant:

Applicant's Name:	Date of Application:	
Current Address:	Social Security No.:	
	Date of Birth:	
Length of time at this address:	Telephone No.:	

			The second second second	The second second second
Street	City	State/Zip	How long	
				- Additional Information
				Attached
				Accuence

IST ALL UNEXPIRED LICENSES AND	OR PERMITS	第四位的	
State	Number	Expiration Date	
	THE THE	Hartis harrier arrive	Additional Information
			Attached
		111	1 "

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)				
Туре	Experience in Years and / or Miles Driven	Additional Information		
		Attached		

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS				
DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

☐ Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS				
DATE	CITY/STATE	CHARGE	PENALTY	
		5 - 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1		

Check here to certify that no convictions or bond forfeitures have occurred



DQF 1 - APPLICATION FOR EMPLOYMENT

APPLICATION FOR EMPLOYMENT

PLEASE DETAIL THE FACTS AND CIRCU	MSTANCES OF AN	Y DENIAL, REVOCATI	ON, OR SUSPE	ISION O	FANY
LICENSE, PERMIT, OR PRIVILEGE TO O					
☐ Check here to certify that no such de	nial, revocation o	r suspension has occu	ırred		14
	EMPLOYMEN'	T HISTORY			
Please complete all information reg applying to operate a Commercial Mo or more people, or any vehicle requi information regarding prior employon Please start with your most recent p	otor Vehicle (GV ring placarding f ers for the last	WR of 26,001 lbs. of or hazardous mate 10 years for whom	or more, abilit rials), please i n you operate	y to trar include o d such	sport comple
Employer Name:		Employed From:	/	To:	/
Address:		Position:			
		Salary:			
Contact: Ph	one:	Reason for Leaving:			
Were you subject to the Federal Motor Carri	er Safety Regulatio	ns while employed by th	nis employer?	☐ Yes	□ No
Was your position "safety-sensitive" requiring	ng Part 40 drug and	alcohol testing? Ye	es 🗆 No		
Employer Name:		Employed From:	/	To:	/
Address:		Position:	/	10.	/
7.001.0007		Salary:			
Contact: Ph	one:	Reason for Leaving:			
Were you subject to the Federal Motor Carri	er Safety Regulatio	ns while employed by th	nis employer?	☐ Yes	□ No
Was your position "safety-sensitive" requiring	ng Part 40 drug and	alcohol testing? Ye	es 🗆 No		
Employer Name:		Employed From:	/	To:	/
Address:		Position:			
		Salary:			
	one:	Reason for Leaving:			0.000
Were you subject to the Federal Motor Carri				☐ Yes	□ No
Was your position "safety-sensitive" requiring	ng Part 40 drug and	alcohol testing? Ye	es 🗆 No		
	OFFICE US	E ONLY			
□ Applicant Hired Date:	Start Date:	Authorized by:			
Rejected for reasons of:	ruit Date.	Additionized by.			
Date of Termination of Employment:		Authorized by:			
□ Dismissed □ Qt	uit	□ Othe			
Reason:		128,711.0			
TCCCOOTT					
This certifies that this application was c and complete to the best of my knowled	ompleted by me, ge.	and that all entries o	n it and inform	ation in i	it are tr
Applicant Signature:			Date:		





SPH 1- RECEIPT OF DRIVER'S RIGHTS

PURPLE/FORM NO.

Ref: 49 CFR Part 391.21

RECEIPT OF DRIVER'S RIGHTS



Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

	I acl	knowledge that has p	rovided me with written
	instr	ructions regarding my rights as defined in Part 391.23(i)-	(j) of the Federal Motor
	Carr	ier Safety Regulations. I have reviewed these materials wh	nich include information
	on t	he following:	
		Right to Review Information – I have the right to provided by my previous DOT-regulated employer(s).	review the information
		Right to Request Corrections – I have the right to information that my previous DOT-regulated employed believe contains errors.	
		Right to Rebut Information – I have the right to rebut the by my previous DOT-regulated employer(s).	ne information provided
Dri	ver's	Full Name	•
Dri	ver's	Signature	Date
CII	non	cor/Authorized Motor Carrier Penrecentative Signature	Date

Top Copy - Employer Bottom Copy - Applicant





Retain for 3 years after the driver leaves your employment

Ref: 49 CFR Part 391.53, 40.321(b)

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION



GREEN / FORM NO.
SPH
2

Have each driver-applicant sign this form before conducting the mandatory Safety Performance History background investigations.

This form must accompany the Safety Performance History Inquiry Form you send when conducting this background investigation. Part 391.23(f)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor Carrier Safety Administration (FMCSA). Have the driver sign one release per previous employer. Send separate release forms to each of the driver's previous employers to insure that the driver's prior employment information is kept confidential.

To be completed by applicant	
I,, hereby authorize Applicant Name to release information that verifies my previous employment	Previous Employer Name t and Safety Performance
History as required by 49 CFR Part 391.23 within 30 days of re By signing this release I acknowledge that the information rel Prospective Employer named below when making their hiring	eased will be used by the
confidential.	decision and will be kept
Driver's Full Name (Printed)	
Driver's Signature D	ate
Prospective Employer	4
Supervisor/Authorized Employer Representative	





Ref: 49 CFR Part 391.53, 40.321(b)

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION



GREEN / FORM NO.

SPH

2

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RELEASE

To be completed by app	olicant
I,, hereby autho Applicant Name to release information that verifies my previous em	
History as required by 49 CFR Part 391.23 within 30	days of receiving this authorization.
By signing this release I acknowledge that the inform	mation released will be used by the
Prospective Employer named below when making th	neir hiring decision and will be kept
confidential.	
Driver's Full Name (Printed)	
Driver's Signature	Date
Prospective Employer	
Supervisor/Authorized Employer Representative	





Ref: 49 CFR Part 391.53, 40.321(b)

DRIVER'S WRITTEN AUTHORIZATION TO RELEASE INFORMATION



SPH **2**

Have each driver-applicant sign this form before conducting the mandatory Safety Performance History background investigations.

This form must accompany the Safety Performance History Inquiry Form you send when conducting this background investigation. Part 391.23(f)(1) requires that prospective employers provide an applicant's previous employer(s) with the driver's written consent when requesting drug and alcohol testing information as part of the Safety Performance History inquiry required by the Federal Motor Carrier Safety Administration (FMCSA). Have the driver sign one release per previous employer. Send separate release forms to each of the driver's previous employers to insure that the driver's prior employment information is kept confidential.

To be completed by applicant				
I,, hereby authorize Applicant Name to release information that verifies my previous employme	Previous Employer Name			
History as required by 49 CFR Part 391.23 within 30 days of	receiving this authorization.			
By signing this release I acknowledge that the information	released will be used by the			
Prospective Employer named below when making their hiring decision and will be kept				
confidential.				
Driver's Full Name (Printed)				
Driver's Signature	Date			
Prospective Employer				
Supervisor/Authorized Employer Representative				





Ref: 49 CFR Part 391.23

SAFETY PERFORMANCE HISTORY INQUIRY



Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section. Applicant's Name: __ Social Security Number: Previous Employer: **VERIFICATION OF EMPLOYMENT** The individual named above was employed with this company from:___ to: _ Did this position require a Commercial Driver's License (CDL)? ☐ Yes ☐ No Reason for leaving the employment: **ACCIDENT INFORMATION** ■ No accident information to report Date of accident (as defined by Part 390.5) City or Town (most near) and State Number of Number of Injuries **Fatalities** Were hazardous materials, other than fuel spilled from the fuel tanks of the motor vehicles involved in the accident, released? ☐ Yes ☐ No Additional information about the accident: Attach additional sheets if necessary and additional accident information required pursuant to your internal policies. PROHIBITED DRUG AND ALCOHOL TESTING INFORMATION ■ No prohibited drug and/or alcohol conduct to report ☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment If the driver engaged in prohibited drug and/or alcohol conduct, as defined by Part 40 and/or Part 382 only, during the previous three years, answer the questions below. During the previous three years did the driver: Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ■ No □ No Have a verified positive drug test result? ☐ Yes Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ■ No Did the driver undertake a rehabilitation program prescribed by a Substance Abuse Professional (SAP) pursuant to Part 382.605 while in your employment? ■ No Did the driver successfully complete the rehabilitation program prescribed by the SAP while in your employment? Yes No Attach additional documentation, if available, to verify that the individual successfully completed a rehabilitation program prescribed by a SAP. PREVIOUS EMPLOYER CONTACT INFORMATION Part 391.23 requires previous employers who are regulated by the Department of Transportation to provide a specific contact name when responding to a Safety Performance History inquiry. This is required in the event

the driver chooses to contact you regarding the information you provide.

Contact Name	Title	
Telephone	Fax	
Mailing Address		
Signature of Company Official releasing this information	Date released	



Ref: 49 CFR Part 391.23

SAFETY PERFORMANCE HISTORY INQUIRY



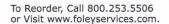
SPH 3

Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section.

	Social Security Number:
Previous Employer:	
VERIFICATIO	N OF EMPLOYMENT
The individual named above was employed with this	company from: to:
Position: Did this position re	equire a Commercial Driver's License (CDL)? Yes No
Reason for leaving the employment:	
ACCIDENT	INFORMATION
☐ No accident information to report	
Date of accident (as defined by Part 390.5) City or	Injuries Fatalities
Were hazardous materials, other than fuel spilled fro motor vehicles involved in the accident, released?	
Additional information about the accident:	
	necessary and additional accident suant to your internal policies.
PROHIBITED DRUG AND AL	COHOL TESTING INFORMATION
The second secon	subject to the Part 40 regulations while in our employment of conduct, as defined by Part 40 and/or Part 382 only,
During the previous three years did the driver:	
Have an alcohol test result with an alcohol conce	ntration of 0.04 or higher?
Have a verified positive drug test result?	☐ Yes ☐ No
Refuse to be tested (this includes receiving a ver	ified adulterated or substituted drug test result)? □ Yes □ No
Did the driver undertake a rehabilitation prograpursuant to Part 382.605 while in your employments	am prescribed by a Substance Abuse Professional (SAP) ent?
Did the driver successfully complete the reha employment?	bilitation program prescribed by the SAP while in your Yes No
Attach additional documentation,	if available, to verify that the individual litation program prescribed by a SAP.
PREVIOUS EMPLOYER	R CONTACT INFORMATION
Part 391.23 requires previous employers who are respecific contact name when responding to a Safety the driver chooses to contact you regarding the information of the same contact.	egulated by the Department of Transportation to provide a Performance History inquiry. This is required in the event rmation you provide.
Contact Name	Title
Telephone	Fax
Mailing Address	
Signature of Company Official releasing this informat	Date released







Ref: 49 CFR Part 391.23

SAFETY PERFORMANCE HISTORY INQUIRY



SPH 3

Use this form to investigate an applicant's Safety Performance History for the previous three years.

This form must be accompanied with the driver's written authorization to release information. The Federal Motor Carrier Safety Regulations require that we investigate the Safety Performance History Information for each individual we hire to operate a commercial motor vehicle. We ask that you complete, to the best of your recollection, information about the individual while he/she was in your employment. If you have no information to report please indicate so in the appropriate section.

Applicant's Name: ______ Social Security Number: ______ Previous Employer: ______

Applicant's Name:	Social Security Number	er:		
Previous Employer:				
VERIFICATION OF E	MPLOYMENT		举是第	
The individual named above was employed with this compa	ny from:t	o:		
Position: Did this position require a				No
Reason for leaving the employment:				
ACCIDENT INFO	RMATION			
☐ No accident information to report				
Date of accident (as defined by Part 390.5) City or Town (most near) and State	Number of Injuries	Number of Fatalities	
Were hazardous materials, other than fuel spilled from the motor vehicles involved in the accident, released? $\ \square$ Yes		2.,5000	ratanties	
Additional information about the accident:				
Attach additional sheets if necessary				
information required pursuant t	CANADA CINTO CONTRACTOR OF THE PARTY OF THE			
PROHIBITED DRUG AND ALCOHO	L TESTING INFORMA	TION		
 □ No prohibited drug and/or alcohol conduct to report □ Individual was not in a safety-sensitive position subject 				
If the driver engaged in prohibited drug and/or alcohol cond		t 40 and/or	Part 382 (only,
during the previous three years, answer the questions below	N.			
During the previous three years did the driver:				
Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Ye		☐ Yes	□ No	
Have a verified positive drug test result? □ Yes		⊒ Yes □	□ No	
Refuse to be tested (this includes receiving a verified ac	dulterated or substitute			□ No
Did the driver undertake a rehabilitation program prepursuant to Part 382.605 while in your employment?	escribed by a Substand			(SAP) □ No
Did the driver successfully complete the rehabilitation employment?	on program prescribed			your No
Attach additional documentation, if avail successfully completed a rehabilitation		individual		
PREVIOUS EMPLOYER CON				
Part 391.23 requires previous employers who are regulated specific contact name when responding to a Safety Perform the driver chooses to contact you regarding the information	d by the Department of nance History inquiry.	f Transportati This is requir	on to proved in the e	ide a event
Contact Name	Title			
Telephone	Fax			
Mailing Address				
Signature of Company Official releasing this information	Date released			





FOLEY CARRIER SERVICES' DISCLOSURE AND RELEASE

FOLEY CARRIER SERVICES' DISCLOSURE AND RELEASE

Applicant must review and sign this form so that Foley Services, Inc. can perform the required background investigation.

ERVICES TO BE PERFORMED Employer Comp	oletes this Section
Please indicate below which background checks you wish t	to have Foley Carrier Services LLC. perform.
X	X
□ Safety Performance History Inquiry (includes a motor vehicle report and a drug and alcohol inquiry)	☐ Criminal Report, Call for pricing
DQF Annual Motor Vehicle Report (Included in DQF Maintenance program)	□ National Criminal & Sex Offender Registry Report, Call for pricing
 Drug & Alcohol Inquiry <u>Only</u>, Call for pricing 	 Social Security Number to confirm SSN & provides previous addresses, Call for pricing
□ References, Call for pricing	☐ Education Verification, Call for pricing
□ Worker's Compensation Claim Report, Call for pricing	Motor Vehicle Report ONLY Call for pricing
Reporting Act. The individual about whom background info Release. Any person who knowingly and willfully obtains a consumer employment purposes, may face criminal prosecution.	ormation is being requested MUST sign this Disclosure and r report under false pretenses, or for reasons other than
Motor Carrier Authorization (Signature)	tle Date
Company Name Client Code	
I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR REGARD TO THIS INQUIRY TO FURNISH THE ABOVE-MEI I authorize Foley Carrier Services LLC. and their agents to conconjunction with my current or prospective employer's service	nduct the background investigations indicated above, in contract with Foley Carrier Services, LLC. I understand that information: names and dates of previous employers, reason for ol and controlled substances testing history, etc. I further ation concerning my driving record, worker's compensation from federal, state and other agencies which maintain such Services and their agents concerning previous driving record provided driving records. All information obtained will be
Driver's License Number / State of Issue	License Expiration Date / Applicants Date of Birth
2 2	, ,,pp.,,a 2410 01 Ditti
Address This authorization shall remain on file and shall serve as on procure motor vehicle reports at any time during my employ	

Fax completed form to Foley Services: 1-860-368-2529

Date

Applicant Authorization (Signature)