

WORK EXPERIENCE

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) Current Address: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____

2) Previous Address: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____

3) Previous Address: _____
 City: _____ State: _____ Zip: _____
 From: _____ To: _____

APPLICANT INFORMATION

Driver Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Cell Phone #: _____
 Date of Birth: _____ SSN: _____

Applicant Signature: _____ Date: _____

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also 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 F DOT Services, and
- Have a rebuttal statement attached to the alleged erroneous information, I the previous employer and I cannot agree on the accuracy of the information.

TO BE READ AND SIGNED BY APPLICANT

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status or non-job related disability.

Date of Application: _____

Application for Employment at:
F DOT SERVICES, LLC
 P.O. Box 263517 - Houston, TX 77207 - 281-900-3176 (phone) - 281-534-9706 (fax)

Application for Employment at:

F DOT SERVICES, LLC

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In accordance with §391.21 and §391.23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous experience for the prior three (3) years prior to the date of application shown on page one, as well as all the commercial driving experience for seven (7) years prior to those three years, for a total of ten years. If you are an owner operator, list carriers leased to.

**PLEASE LIST STARTING WITH CURRENT OR MOST RECENT EMPLOYER.
USE ADDITIONAL SPACE ON BACK OF PAGE IF NEEDED.**

Address:

City: _____ State _____ Zip _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____
From: _____ To: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? Yes _____ No _____
*Was this job subject to FMCSA Regulations? Yes _____ No _____
**ACCOUNT FOR PERIODS BETWEEN JOBS - list dates (month / year) and reasons: _____

Address:

City: _____ State _____ Zip _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____
From: _____ To: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? Yes _____ No _____
*Was this job subject to FMCSA Regulations? Yes _____ No _____
**ACCOUNT FOR PERIODS BETWEEN JOBS - list dates (month / year) and reasons: _____

Address:

City: _____ State _____ Zip _____
Supervisor Name: _____ Reason for Leaving: _____
Job Description: _____
From: _____ To: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? Yes _____ No _____
*Was this job subject to FMCSA Regulations? Yes _____ No _____
**ACCOUNT FOR PERIODS BETWEEN JOBS - list dates (month / year) and reasons: _____

** Any gaps in employment and/or unemployment must be explained.

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

Sixth Last Employer Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Supervisor Name: _____ Reason for Leaving: _____

Job Description: _____

From: _____ To: _____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? Yes _____ No _____

*Was this job subject to FMCSA Regulations? Yes _____ No _____

**ACCOUNT FOR PERIODS BETWEEN JOBS - list dates (month / year) and reasons: _____

Fifth Last Employer Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Supervisor Name: _____ Reason for Leaving: _____

Job Description: _____

From: _____ To: _____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? Yes _____ No _____

*Was this job subject to FMCSA Regulations? Yes _____ No _____

**ACCOUNT FOR PERIODS BETWEEN JOBS - list dates (month / year) and reasons: _____

Fourth Last Employer Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Supervisor Name: _____ Reason for Leaving: _____

Job Description: _____

From: _____ To: _____

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? Yes _____ No _____

*Was this job subject to FMCSA Regulations? Yes _____ No _____

**ACCOUNT FOR PERIODS BETWEEN JOBS - list dates (month / year) and reasons: _____

Application for Employment at:

F DOT SERVICES, LLC

P.O. Box 263517 - Houston, TX 77207 - 281-900-3176 (phone) - 281-534-9706 (fax)

COMMERCIAL DRIVER'S LICENSE INFORMATION

License # _____ Type _____ State _____ Exp. Date _____

Endorsements (check all that apply):
 Double/Triple Trailer
 Tank Vehicles
 Passenger Vehicles
 Hazardous Materials

LIST ANY ADDITIONAL LICENSES HELD IN THE PAST THREE (3) YEARS:
 State: _____ Number: _____ Exp. Date: _____
 State: _____ Number: _____ Exp. Date: _____

Has your permit, CDL, or your privilege to operate a motor vehicle ever been denied, suspended, revoked or cancelled?
 Yes _____ No _____ If YES, explain: _____

COLLISIONS

Please list all motor vehicle collisions in which you were involved (both commercial and private vehicle during the past three (3) years prior to the application date. If none, write "NONE".

DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL?
					YES NO

TRAFFIC CONVICTIONS AND FORFEITURES

Please list all traffic convictions and/or forfeitures (both commercial and private vehicle) during the past three (3) years prior to the application date, (other than parking). If none, write "NONE".

DATE	VIOLATION	STATE	PENALTY	COMMERCIAL VEHICLE?
				YES NO

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	APPROX. MILES DRIVEN	FROM	TO
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILOR				
OTHER				
LIST COMMODITIES HAULED				

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Application for Employment at:

EDUCATION

Please circle the highest level of grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Other Training: _____

Have you received any safety awards or special training? _____

Do you have full knowledge of the Federal Motor Carrier Safety Regulations? _____

Has your permit, CDL, or your privilege to operate a motor vehicle ever been denied, suspended, revoked or cancelled? _____ Yes _____ No If YES, explain: _____

GENERAL

Have you been a driver for this company before? _____ Yes _____ No

If so, when? _____

Is there is any reason you why not able to perform the functions of the job for which you have applied? _____ Yes _____ No

Have you ever been convicted for DUI, DWI, or OUI? _____ Yes _____ No

In case of an emergency, whom should we contact? (Name) _____

(Telephone #) _____ (Relation to You) _____

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters that 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 on my application or during an interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for carrier that I will be on a probationary period during which time I can be discharged with no recourse.

My signature certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

X

Applicant Signature

Date

F DOT SERVICES, LLC

POLICY ON ALCOHOL AND PROHIBITED DRUGS

I, the undersigned, hereby certify that I have received written information that includes educational materials on substance abuse, safety sensitive duties, prohibited conduct, required testing, FMCSA mandated consequences for violations, and the company policy on alcohol misuse and prohibited drugs, including provisions of the employee assistance program and understand this policy. _____

I understand that I may not perform safety sensitive functions as defined by 49 CFR Part 382, unless I comply with the policy. I will be required to produce a verified negative test for the presence of prohibited drugs before I can work in any position covered by the policy. _____

I am aware that I will be offered the same opportunities and options offered to all other covered employees if I produce a positive, adulterated, or substituted drug test or refuse to take a required drug test, and I understand those consequences. _____

The urine specimens that I supply for testing under DOT & FMCSA regulations will be tested for the presence of: Marijuana, Cocaine, Opiates, Amphetamines and PCP (phencyclidine). The specimens will be tested in a DHHS certified and under conditions specified in 49 CFR Part 40 regulations. _____

I am aware that if I am hired, I will also be required to submit to alcohol testing. I will be offered the same good opportunities and options offered to all other covered employees if I produce an alcohol test result of 0.02 or greater, refuse to take a required alcohol test, or the company has determined that I am under the influence of or impaired by alcohol. The consequences of an alcohol test with a result of 0.02 or greater, or alcohol misuse, are explained in the policy, and I understand those consequences. _____

Executed this _____ day of _____, 20_____.

Applicant Signature

Applicant Printed Name

Welcome to the F DOT Services Team!

F DOT Services, LLC strives to provide the best delivery service possible to our clients – To do so, we must abide by certain policies that assure us that we are, indeed, doing all we can to provide excellent service. Please read the following company rules that you are expected to follow as our driver in order to help us achieve our goal. This policy has been developed so that our company and you, as our driver, can stay in compliance with state and federal regulations. Staying in compliance will help avoid delays and traffic or weigh station violations that may prevent us from delivering to a client as projected. Other policies have also been put in place for business purposes.

- Before starting a trip, be sure to perform a pre-trip inspection of your vehicle to avoid delays or breakdowns.
- Ensure that all straps, chains, tarps, etc. and all safety equipment is on board and in good condition.
- Each driver must wear or have available in his vehicle – personal protection equipment. This includes: a long sleeve shirt, long pants, steel toed boots, safety glasses, hard hat.
- Each driver must maintain an accurate, updated Driver's Daily Log. PLEASE be sure to document mileage upon entering and exiting EACH state. Any DOT violations received will be the sole responsibility of the driver who incurred the violation – NO EXCEPTIONS!
- Each driver must make sure that he carries his Driver's License, Medical Card, and TWIC Card (if applicable) at all times while driving.
- PLEASE be sure to keep all your receipts together. Receipts are our form of accountability and are necessary for proper deductions and/or credits to your pay and for tax purposes. Lost receipts that are unaccountable will be deducted from your pay at end of the week.
- Be aware that F DOT Services, LLC will only cover certain expenses during your trip. The only deductible expenses are GAS, LODGING, VEHICLE REPAIRS, and unexpected expenses needed for a trip or load. No other expenses will be covered by F DOT Services, LLC, unless they have been approved by owner. (EX. food, beverages, cigarettes, additional fees while lodging, etc.)
- You will be issued a company mobile phone which is intended for use for business purposes ONLY. These phones do not have unlimited minutes and are monitored, and unnecessary usage will be your responsibility.
- You will be issued a debit or credit card for gas and business use during your trips. Keep all receipts to all transactions. If you have a charge on your card, but no receipt, it will be considered an unaccountable charge and you will be responsible for that charge.
- Traffic violations are driver's responsibility. NO EXCEPTIONS – unless the violation is due to vehicle issues that are the responsibility of F DOT Services, LLC.
- Driver is responsible for all items in his vehicle and as such, will be responsible for replacing any lost items or equipment broken due to negligence.

Your compliance with these policies is greatly appreciated. Once again, welcome to our team!!! Please sign below to acknowledge that you have read and understood the policies stated above.

Signature of Driver / New Employee

Date