Roy Miller Freight Lines, LLC 3165 E Coronado St., Anaheim, CA 92806

DRIVER QUALIFICATION FORM

DATE				
NAME				
	(First)	(Middle)	(Last)	
ADDRESS				
	(Street)	(City)	(State)	(Zip)
DATE OF BIRT	н	SSN		_
EMAIL				
TELEPHONE #		CELL PHONE	E#	-

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver Notification

In accordance with 49 CFR Part 391.23(i) each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers;
- 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;
- 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.

Past Pre-Employment Drug & Alcohol Testing Question

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever 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 testing rules during the past two years?

Yes	No

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Applicant's Name PREVIOUS ADDRI	ESSES FOR THE PAST	3 YFARS (att	- ach a se	narate shee	et if more	snace is	needed)
		<u> </u>		•			
(Street)		(City)		(State)		(Zip)	
(Street)		(City)		(State)		(Zip)	
CURRENT DRIVER	RS LICENSE						
(State) (License No.)			(Class)		(Expir	ation Da	ate)
Current Drivers Lice	ense Endorsements:						
DRIVER LICENSES	S FOR THE PAST 3 YEA	ARS (attach a	separate	e sheet if mo	ore space	is need	led)
(State)	(License No.)		(Class)		(Expir	ation Da	ate)
(State)	(License No.)		(Class)	1	(Expir	ation Da	ate)
	your license, permit or dr				oked? Ye	es 🗆	No □
	in						
	NCE (attach a separate s			needed)			
Class A (Semi-Trac	etors):(# of Years & N	Ionths Operat	ted)	-			
Class B (Straight Tr	rucks/Dump Trucks, Etc.)	:(# of Y	∕ears & N	Months Ope	erated)	_	
		· ·		- 1	,		
Class B (Buses/Pas	ssenger Vehicles):	(# of Years &	Months	Operated)			
Types of Trailers Tr	ransported/Operated Reefer:	` <u></u>		· ,	/ ·		. —
		Flatbed:					anker: uto Hauler:
Pneumatic:	Dump Trailer:	Hopper: [Intermo	odal: 💹		
Specialized:	Hot Shot:	Other (ple	ease list)	•			
MOTOR VEHICLE	ACCIDENTS FOR THE I	PAST 3 YEAR	RS (attac	h a separat	e sheet if	more sp	pace is nee
Date	Description of the	Description of the Accident		Towed Yes/No	# of Fat	alities	# of Injur
	NOTOR VEHICLE LAWS arking violations - attach						
(Violation)	(Date of Violati	on)	(V	iolation)	(Date of Violation)		
(Violation)	 (Date of Violation)		(\/	iolation)	(Date of Violation)		

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urrent Employer/Leased Comp		01.1
AddressPhone Number		
Position Held		To
Reason for Leaving		
, ,	cohol and drug testing as required by 49 C R's while employed/leased by this compan	

No____ employment and Past Employer/Leased Company_____ Address City State Phone Number_____Fax Number____ Position Held From To Reason for Leaving Were you subject to the FMCSR's while employed/leased by this company? Yes_____No____ Past Employer/Leased Company______City _____State _____ Phone Number_____Fax Number____ Position Held______To_____To____ Reason for Leaving Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes No Were you subject to the FMCSR's while employed/leased by this company? Yes_____No____ Position Held_____From____ Reason for Leaving Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes_____No___ Were you subject to the FMCSR's while employed/leased by this company? Yes_____No____ Reason for Leaving Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes No Were you subject to the FMCSR's while employed by this employer? Yes No Past Employer/Leased Company______City _____State _____ Phone Number_____Fax Number____ Reason for Leaving Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes No Were you subject to the FMCSR's while employed by this employer? Yes_____No____

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Applicant's Name	

Past Employer/Leased Company_			
Address	City	State	
Phone Number	Fax Number		
Position Held	ne NumberFax NumberToTo		
Reason for Leaving			
	ohol and drug testing as required by 49 CF		
Were you subject to the FMCSR	's while employed/leased by this company	'? YesNo	
Past Employer/Leased Company_			
Address	City	State	
Phone Number	Fax NumberFrom		
Position Held	From	To	
Reason for Leaving			
	ohol and drug testing as required by 49 CF		No
Were you subject to the FMCSR	's while employed by this employer? Yes	No	
Past Employer/Leased Company_			
Address	City	State	
Phone Number	Fax Number		
Position Held	Fax NumberFrom	To	
Reason for Leaving			
Was your job subject to DOT alco	ohol and drug testing as required by 49 CF	FR Part 40? Yes	No
Were you subject to the FMCSR	's while employed/leased by this company	/? YesNo	
Past Employer/Leased Company_			
Address	City	State	
Phone Number	Fax NumberFrom		
Position Held	From	10	
Reason for Leaving			
	ohol and drug testing as required by 49 CF		
Were you subject to the FMCSR	's while employed/leased by this company	′? YesNo	
Past Employer/Leased Company_			
Address	City	State	
Phone Number	Fax Number		
	From	To	
Reason for Leaving			
Was your job subject to DOT alco	ohol and drug testing as required by 49 CI	FR Part 40? Yes	No
Were you subject to the FMCSR	's while employed/leased by this company	/? YesNo	
Past Employer/Leased Company_	City		
Address	City	State	
Phone Number	Fax NumberFrom	<u> </u>	
		To	
Reason for Leaving			
	ohol and drug testing as required by 49 CF		
Were you subject to the FMCSR	's while employed/leased by this company	/? YesNo	

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^{**}If needed, please add additional past employers on a separate sheet

Applicant's Name		
If hired, would you have a reliable	means of transportation to and from? Yes No	
We may refuse to hire relatives of partitions and safety, or morale, or if doing so co	oresent employees if doing so could result in actual or uld create conflicts of interest.	r potential problems in supervision, security
In Case of Emergency Plea	se Contact:	
Name	Relationship	Telephone No.
	Authorization	
institutions, law enforcement authori appropriate or necessary by Roy Mil result in refusal to hire, or if hired, di application. I agree that Roy Miller F any respect if any employment offer answers in the application. Further ,	nents contained in this application for employment. I author ties, and any other organizations and individuals to release ler Freight Lines, LLC. I understand that falsifications, omis smissal from employment. I certify that I, the undersigned a reight Lines, LLC, my previous employers, and all parties p is not tendered, is withdrawn, or my employment is terminat I will be required as a condition of employment to luding binding arbitration, to resolve any and all claims by law.	e such information and documents as deemed ssions, or misstatements of information may applicant, have personally completed this providing information shall not be held liable in ated due to falsifying the statements and agree to Roy Miller Freight Lines, LLC's
understand that Company benefits a the Company's sole option and with employment may be terminated at a No employee, agent or representative specified period of time or to make a Company requires me to operate a	imployment, I will be required, prior to employment, to take and rules and regulations may be changed, modified, deleted that any prior notice. Roy Miller Freight Lines, LLC is an attraction of time with or without cause and with or without notice eitage of Roy Miller Freight Lines, LLC has authority to enter in any verbal representations contrary to the foregoing. I under vehicle; I must provide a valid driver's license at the time of the le records to ensure that I am in compliance with Company object to termination of employment.	ed, or added to by the Company at any time, at will employer, and I understand that my ther at my option or the option of the Company. It is a verbal agreement for employment for any erstand that if the position offered to me by the f my employment. I also authorize the Company
	s, LLC may obtain, without using the services of a third par acter, general reputation, personal characteristic, etc. durir g my employment.	
This certifies that this applica and complete to the best of r	ntion was completed by me, and that all entrie my knowledge.	es on it and information in it are true
Applicant's Signature	Date of Applica	ation

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