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	Ή	SSN		_
TELEPHONE #		CELL PHONE	Ξ#	_
Have you ever l		company in the past? Yes	No 🗆	

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. 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

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street)		(City)	(State)	(Zip)	
(Street)		(City)	(State)	(Zip)	
CURRENT DRI	VERS LICENSE				
(State)	(License No.)		(Class)	(Expiration Da	te)
Current Drivers	License Endorsements:				
DRIVER LICEN	ISES FOR THE PAST 3 YEA	RS (attach a s	eparate sheet if m	ore space is need	ed)
(State)	(License No.)		(Class)	(Expiration Da	te)
(State)	(License No.)		(Class)	(Expiration Da	te)
	had your license, permit or dr xplain			roked?Yes 🗆	No 🗆
DRIVING EXPE	RIENCE (attach a separate	sheet if more sp	bace is needed)		
Class A (Semi-	Tractors):				
Class B (Straigl	nt Trucks/Dump Trucks, Etc.)	:(# of Ye	ars & Months Ope	erated)	
Class B (Buses	/Passenger Vehicles):				
Types of Trailer	s Transported/Operated	(# of Years & N	Ionths Operated)		
Dry Van:	Reefer:	Flatbed:] Double	e/Triples: 🗌 🛛 T	anker:
Pneumatic:	Dump Trailer:	Hopper:	Interm	odal: 🗌 🛛 🛛 A	utoHauler:
Specialized:	Hot Shot:	Other (plea	se list):		
MOTOR VEHIC	LE ACCIDENTS FOR THE	PAST 3 YEARS		te sheet if more sp	ace is needed)
Date	Description of the	Accident	Towed Yes/No	# of Fatalities	# of Injuries
	DF MOTOR VEHICLE LAWS ist parking violations - attach				

(Violation)	(Date of Violation)	(Violation)	(Date of Violation)
(Violation)	(Date of Violation)	(Violation)	(Date of Violation) Page 2 of 5

Applicant's Name _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol? Yes ⊓ No 🗆 If yes, please explain

Have you failed any DOT required alcohol and/or drug testing, including pre-employment? Yes	No 🗆
If yes, please explain	

Are currently working for any other employers, full time or part time?	Yes 🛛	No 🗆
If yes, please explain		

Current Employer/Leased Company_____

Address	City	State
Phone Number	Fax Number	
Position Held	From	To
Reason for Leaving		
Was your job subject to DOT alco	ohol and drug testing as required by 49	CFR Part 40? Yes No
Were you subject to the FMCSR'	s while employed/leased by this compare	ny? YesNo

Past Employment or Lease Record

(List ALL past employment and leasing for the last 3 years and ALL DOT regulated past employment and leasing for the past 10 years)

Past Employer/Leased Company

			_
Address	City	State	
Phone Number	Fax Number		
Position Held	From	То	
Reason for Leaving			
Was your job subject to DOT alc	ohol and drug testing as required by 49 C	CFR Part 40? YesNo	
Were you subject to the FMCSR	's while employed/leased by this compan	y? YesNo	
ast Employer/Leased Company			
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Address	City	State
Phone Number	Fax Number	
Position Held	From	То
Reason for Leaving		
Was your job subject to DOT alcohol	and drug testing as required by 49 (CFR Part 40? YesNo
Were you subject to the FMCSR's wh	nile employed/leased by this compar	iy? YesNo

Past Employer/Leased Company

Address	City	_State
Phone Number	Fax Number	
Position Held	From	То
Reason for Leaving		
Was your job subject to DOT alcohol and drug	testing as required by 49 CFR Part 4	0? Yes No
Were you subject to the FMCSR's while employ		

Past Employer/Leased Company_____

Address	City	State	
Phone Number	Fax Number		
Position Held	From	To	
Reason for Leaving			
Wee your ich aubie et to DOT alashal	and drug tooting on required by 40 (CED Dart 402 Vag No	

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

Address	City	State	
Phone Number	Eax Number	01010	
Position Held	Fax Number FromFrom	То	
Reason for Leaving		·•	
	ol and drug testing as required by 49 (CFR Part 40? Yes	No
	while employed/leased by this compar		
Past Employer/Leased Company			
Address	City	State	
Phone Number	Fax Number FromFrom		
Position Held	From	To	
Reason for Leaving			
	nol and drug testing as required by 49 (No
Were you subject to the FMCSR's	while employed by this employer? Ye	esNo	
Deat Employer/Leased Company			
Past Employer/Leased Company		Ctoto	
Address	City	State	
Phone Number	Fax Number FromFrom	Та	
Position Heid	From	10	
Reason for Leaving	al and drive testing as required by 40.		Nia
	nol and drug testing as required by 49 (
were you subject to the FINCSR's	while employed/leased by this compar	iy? YesiNo	
Past Employer/Leased Company		01-11-	
Address	City	State	
Phone Number	Fax Number FromFrom		
Position Heid	From	10	
Reason for Leaving			N 1
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were you subject to the FMCSR's	while employed/leased by this compar	IV YES INO	
		,	
Past Employer/Leased Company		, <u> </u>	
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Address Phone Number Position Held	City Fax Number From	Stato	
Address Phone Number Position Held Reason for Leaving	City Fax Number From	State To	
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh	City Fax Number From nol and drug testing as required by 49 (State To CFR Part 40? Yes	No
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh	City Fax Number From	State To CFR Part 40? Yes	No
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh Were you subject to the FMCSR's	City Fax Number From nol and drug testing as required by 49 (while employed/leased by this compar	State To CFR Part 40? Yes ny? YesNo	No
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh Were you subject to the FMCSR's	City Fax Number From nol and drug testing as required by 49 (while employed/leased by this compar	State To CFR Part 40? Yes ny? YesNo	No
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh Were you subject to the FMCSR's	City Fax Number From nol and drug testing as required by 49 (while employed/leased by this compar	State To CFR Part 40? Yes ny? YesNo	No
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh Were you subject to the FMCSR's	City Fax Number From nol and drug testing as required by 49 (while employed/leased by this compar	State To CFR Part 40? Yes ny? YesNo	No
Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh Were you subject to the FMCSR's Past Employer/Leased Company Address Phone Number Position Held	City Fax Number From nol and drug testing as required by 49 (while employed/leased by this compar	State To CFR Part 40? Yes ny? YesNo	No
Address Phone Number Position Held Reason for Leaving Was your job subject to DOT alcoh Were you subject to the FMCSR's Past Employer/Leased Company Address Phone Number Position Held Reason for Leaving	City Fax Number From nol and drug testing as required by 49 (while employed/leased by this compar	State To CFR Part 40? Yes ny? YesNo State To	No

**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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

In Case of Emergency Please Contact:

Name	Relationship	Telephone No.

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.	
	I herebyauthorize Roy Miller Freight Lines, LLC.	to thoroughly investigate my
Initials	references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.	
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.	
Initials	In compliance with federal law, all persons hired will be required United States and to complete the required employment eligit	

Applicant's Signature

Date of Application