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	:#	_

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
Ш	res	INO

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Applicant's Name			-				
PREVIOUS ADDRE	ESSES FOR THE PAST 3	3 YEARS (atta	ich a sep	arate shee	et if more spac	e is neede	ed)
(Street)		(City)	(State)	(Zip	D)	
(Street)	(Street) (City) (State)		(Ziŗ	o)			
CURRENT DRIVER	RS LICENSE						
(State)	(License No.)		(Class)	(Expiration Date)			
Current Drivers Lice	ense Endorsements:						
DRIVER LICENSES	S FOR THE PAST 3 YEA	RS (attach a s	separate	sheet if mo	ore space is ne	eeded)	
(State)	(License No.)		(Class)		(Expiration	Date)	
(State)	(License No.)		(Class)		(Expiration	Date)	
-	your license, permit or dri		-		oked? Yes □	No 🗆]
	in						
DRIVING EXPERIE	NCE (attach a separate s	sneet if more s	pace is r	ieeded)			
Class A (Semi-Trac	tors):(# of Years & N	Ionthe Operate	<u>ad)</u>				
Class B (Straight Tr	rucks/Dump Trucks, Etc.):	(# of Ye	ears & M	onths Ope	erated)		
		(5		J	,		
Class B (Buses/Pas	ssenger venicles):	(# of Years & N	Months C	perated)			
Types of Trailers Tr		•		-		T = 1	
Dry Van:		Flatbed:				Tanker: Auto Hai	ıler
Pneumatic:	Dump Trailer:	Hopper:		Intermo	odal: 🔝		JIO1.
Specialized:	Hot Shot:	Other (plea	ase list):				
MOTOR VEHICLE	ACCIDENTS FOR THE F	PAST 3 YEAR	S (attach		e sheet if more	e space is	needed
Date	Description of the	Accident		Towed Yes/No	# of Fatalitie	es # of I	njuries
	IOTOR VEHICLE LAWS arking violations - attach						
(Violation)	(Date of Violation	on)	(Vio	olation)	(Da	ate of Viola	ation)
(Violation)	(Date of Violation	on)	(\/ic	olation)	(Da	ate of Viola	ation)

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Applicant's Name		
Current Employer/Leased Company		
Address	City	State
Phone Number	Fax Number	State
Phone NumberPosition Held	From	To
Reason for Leaving	110111	
Was your job subject to DOT alcohol ar	nd drug testing as required by 49 (CFR Part 402 Yes No.
Were you subject to the FMCSR's while		
Past Employment or Lease Record		
(List <u>ALL</u> past employment and leasing for	the last 3 years and ALL DOT reg	ulated past employment and
leasing for the past 10 years)		
Deat Free Leaville and Louis L		
Past Employer/Leased Company Address Phone Number Position Held Reason for Leaving	0.11	01-1-
Address	City	State
Phone Number	Fax Number	
Position Held	From	10
reason for Leaving		
Was your job subject to DOT alcohol an		
Were you subject to the FMCSR's while	employed/leased by this compan	y? YesNo
Past Employer/Leased Company		
Address	Citv	State
Phone Number	Fax Number	
Phone NumberPosition Held	From	То
Reason for Leaving		
Was your job subject to DOT alcohol an	d drug testing as required by 49 (CFR Part 40? Yes No
Were you subject to the FMCSR's while		
Trefe jeu euzject te ale i meer te mine	employed/leaded by time compani	,
Past Employer/Leased Company		
Address	City	State
Phone Number	Fax Number	
Phone NumberPosition Held	From	To
Reason for Leaving		
Was your job subject to DOT alcohol an	d 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
Past Employer/Leased Company		
Address	City	State
Phone Number	Fax Number	Otato
Phone NumberPosition Held	From	To
Reason for Leaving	1 10111	10
Was your job subject to DOT alcohol ar	nd drug testing as required by 40.0	CFR Part 40? Yes No
vvas your job subject to DOT alconol at	ia aray testiriy as required by 49 C	// // / ail +0: 165INU

Past Employer/Leased Company

Address_______City_____State_____

Phone Number_____Fax Number

Position Held_____From_____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 by this employer? 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 NumberFrom		
Position Held	From	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	
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	То	
Reason for Leaving	· · · · · · · · · · · · · · · · · · ·		
	ohol and drug testing as required by 49 CF	R Part 40? Yes	No
	's while employed/leased by this company?		
rreie you easjeet to all rimeer t	to mine employed/readed by time company.	. 0010	
Past Employer/Leased Company_			
Address	City	State	
Phone Number	Fax NumberFrom		
Position Held	From	To	
Reason for Leaving			
Was your job subject to DOT alc	cohol and drug testing as required by 49 CF	R Part 40? Yes	No
Were you subject to the FMCSR	's while employed/leased by this company?	? YesNo	
Past Employer/Leased Company_			
Address	Citv	State	
Phone Number	Fax Number		
Position Held	From	To	
Reason for Leaving	<u> </u>		
Was your job subject to DOT alc	cohol and drug testing as required by 49 CF	R Part 40? Yes	No
	's while employed/leased by this company?		
, ,	. , , , , , , , , , , , , , , , , , , ,		
Past Employer/Leased Company			
Address	City	State	
Phone Number	Fax NumberFrom		
Position Held	From	То	
Reason for Leaving			
Was your job subject to DOT alc	ohol and drug testing as required by 49 CF	R Part 40? Yes	Nο
	's while employed/leased by this company?		
,	p,		

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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 p safety, or morale, or if doing so cou	resent employees if doing so could result in actual o ald create conflicts of interest.	r potential problems in supervision, security
In Case of Emergency Pleas	se Contact:	
Name	Relationship	Telephone No.
	Authorization	
institutions, law enforcement authoriti appropriate or necessary by Roy Milli- result in refusal to hire, or if hired, dis application. I agree that Roy Miller Fr any respect if any employment offer in answers in the application. Further, to	ents contained in this application for employment. I author es, and any other organizations and individuals to release or Freight Lines, LLC. I understand that falsifications, ominissal from employment. I certify that I, the undersigned eight Lines, LLC, my previous employers, and all parties per not tendered, is withdrawn, or my employment is terminical will be required as a condition of employment to unding binding arbitration, to resolve any and all claims y 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 lated due to falsifying the statements and agree to Roy Miller Freight Lines, LLC's
understand that Company benefits at the Company's sole option and witho employment may be terminated at ar No employee, agent or representative specified period of time or to make at Company requires me to operate a ve	inployment, I will be required, prior to employment, to take and rules and regulations may be changed, modified, delete that any prior notice. Roy Miller Freight Lines, LLC is an atty time with or without cause and with or without notice eite of Roy Miller Freight Lines, LLC has authority to enter in my verbal representations contrary to the foregoing. I under the provide a valid driver's license at the time of the records to ensure that I am in compliance with Company of the 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
I understand Roy Miller Freight Lines public records pertaining to my chara employment and, if employed, during	LLC may obtain, without using the services of a third particler, general reputation, personal characteristic, etc. during my employment.	rty investigative consumer reporting agency, ng its evaluation of my application for
This certifies that this applicate and complete to the best of m	ion was completed by me, and that all entrie ly knowledge.	es on it and information in it are true
Applicant's Signature	Date of Applic	ation

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