



DRIVER APPLICATION

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____
(STREET) (CITY) (STATE & ZIP CODE)
 HOW LONG? _____ DATE OF BIRTH _____ SS NO. _____
 TELEPHONE # _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

**(ATTACH SHEET IF MORE SPACE IS NEEDED)
 LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
How many CDL's have you had in the last 5 years?		What state issued the CDL?	

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

10622 Hirsch Rd. Houston, TX 77016

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(Other than parking violations)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___
If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
If yes, explain _____

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____
 ADDRESS _____ PHONE _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____
 ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____
 ADDRESS _____ PHONE _____
 POSITION HELD _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____
 ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

10622 Hirsch Rd. Houston, TX 77016

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

FOURTH LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Emergency Contact

Contact Name: _____

Relationship: _____ Contact Phone Number: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as 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 in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

DATE

APPLICANT'S SIGNATURE

10622 Hirsch Rd. Houston, TX 77016

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Lightning Logistics, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Lightning Logistics, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



6000 Western Place Suite 480
Fort Worth, Texas 76107

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of Lightning Logistics, LLC. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit Lightning Logistics to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as Lightning Logistics, LLC and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of Fletscreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to Lightning Logistics, LLC as part of its investigation of my employment application.

FULL NAME _____ A.K.A _____

ADDRESS _____ CITY/ST. _____ ZIP _____

PREVIOUS ADD. _____ CITY/ST. _____ ZIP _____

*DOB _____ SSN _____

DRIVERS LICENSE No. _____ STATE ISSUED _____

Applicant Signature: _____ Date: _____

*This is for criminal purposes only

Must be completed by client before investigation will be performed

Client: _____ Manager: _____ Date: ____/____/____

Please check all that apply

STATE CRIM _____ COUNTY CRIM _____ NATIONAL CRIM _____ SSN _____ MVR _____ CDL: YES / NO
EMPLOYMENT _____ EDUCATION _____

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the company, you must ask the contractor whether her or she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the contractor applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the contractor admits that he or she had a positive test or refusal to test, you must not use the contractor to perform safety sensitive functions for you until and unless the contractor documents successful completion of the return-to-duty process (see Sec. 40.25(b)(5) and (e)).

Lightning Logistics, LLC.
10622 Hirsch Road
Houston, TX 77016

Prospective Driver's Name

SSN

The prospective driver is required by Sec. 40.25(j) to respond to the following questions:

(1) Have you ever tested positive or refused to test, on any pre-employment drug or alcohol administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

YES NO

(2) If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?

YES NO N/A

Prospective Driver's Signature

Date

Company Representative

Date



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

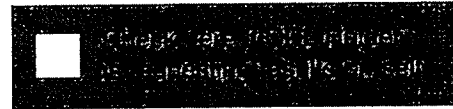
This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310



Email: MCB.VPR@dps.texas.gov

_____ ,
 Print Name of CDL Holder Phone Number

_____ ,
 Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or
 controlled substance test results reported under Texas state law to

_____ ,
 Print Motor Carrier's Name Phone Number

_____ ,
 Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver X	Date
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If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.

**CONSENT FOR DOT MANDATED
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

- 382.301 Pre-Employment testing requirements:
 - (a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.
- 382.302 Post-Accident Testing
- 382.305 Random Testing
- 382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____