

WL WHITLEY LOGISTICS, INC.

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Local _____ OTR _____ License Type/Class required: B C Other _____

DATE OF APPLICATION _____

All questions on this form must be completed. Please Print and Use Ink.

Name: _____ <small>Last First Middle</small>			Social Security Number: _____	
Address: _____				
City, State, Zip: _____			Home Phone Number: _____	
Address: For Past Three Years	Street _____	City _____	Zip _____	How Long? _____
	Street _____	City _____	Zip _____	How Long? _____
Date of Birth <small>(Required for Commercial Drivers)</small>	_____	_____	Have you applied or worked for Whitley before Who referred you to Whitley ?	<input type="checkbox"/> N

Do you have the legal right to work in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____
If NO, how long since leaving your last employment?	

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached driver job description)? Yes No If YES, please explain below

EMERGENCY INFORMATION				
In case of emergency, Contact:	Name	Relationship	Phone Number	City, State

EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated such vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSR's.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or most recent EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #:		REASON FOR LEAVING	
CONTACT PERSON:		Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #:		REASON FOR LEAVING	
CONTACT PERSON:		Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #:		REASON FOR LEAVING	
CONTACT PERSON:		Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #:		REASON FOR LEAVING	
CONTACT PERSON:		Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	
PHONE #:		REASON FOR LEAVING	
CONTACT PERSON:		Were you subject to the FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY

EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
PHONE #:	REASON FOR LEAVING		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
PHONE #:	REASON FOR LEAVING		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER		DATES	
NAME:		FROM MO. YR	TO MO. YR
ADDRESS:		POSITION HELD:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
PHONE #:	REASON FOR LEAVING		Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT PERSON:			Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE AND QUALIFICATIONS-DRIVER				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	0	0	CLASS A	1/0/1900

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO ** If you answered
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO yes to any of these
- C. Have you ever been convicted of a felony? YES NO questions please
- D. Have you ever tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years? YES NO provide details on a separate sheet**

DRIVER EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. MILES (TOTAL)
		FROM:	TO:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	Nature of Accident			Fatalities	Injuries
	Mo.	Day	Yr.		
LAST ACCIDENT:					
NEXT PREVIOUS:					
NEXT PREVIOUS:					
NEXT PREVIOUS:					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED NAME: _____ DATE: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

TO BE READ AND SIGNED BY APPLICANT

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. arriving at an employment decision. Specially, I understand that consumer reports may be requested from DAC Services. These reports may include the following types of information: previous employers, dates of service, reason for termination accidents, etc. I further understand that such reports may contain from federal, state or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize Whitley to release any and all information regarding myself to any of its' lessees that Whitley may consider assigning me to.

You have the right to review informatin provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

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.

Date _____

Applicant's Signature _____

PART II CONSUMER DISCLOSURE AND AUTHORIZATION FORM
Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight Solutions, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota, or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name 0 First 0 Middle _____
Applicant Signature _____ Date 01/00/00

**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send fax to (800) 257-8069

HireRight customer:	
Company Name :	<u>Whitley Logistics, Inc.</u>
Company Contact Name:	<u>Chris Rendleman</u>
Fax #:	<u>(919) 773-9212</u>
HirRight Customer #	<u>0101323913</u> Sub-account: _____

**PART 1 - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES -- 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT -regulated drug and alcohol testing records by the DOT -regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above ("Customer"). I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher alcohol concentration (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated or substituted test); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my neegative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic(including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Customer.

Print Applicant Name: _____ Social Security #: _____
 Applicants Signature: _____ Date: _____

Drivers License

Drivers Social Securiry

INQUIRY TO STATE AGENCY FOR DRIVER'S RECORDS

Driver's Name: _____
Drivers License Number: _____
Driver's Social Security Number: _____
Driver's Date of Birth: _____

Dear Sir / Madam:

The above-listed individual has made application with us for employment as a driver. Applicant has indicated that the above-numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23 (a) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that were the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Whitley Logistics 102 Donmoor Dr Garner NC 27529

I hereby authorize you to release the previous information to Whitley Logistics for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant Signature

Date



MOTOR VEHICLE CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Sections 391.27).

COMPLETED BY DRIVER- CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
ADDRESS (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box- <input type="checkbox"/> None)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements
 Is disqualified to drive a motor vehicle pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature

Date

Printed Name

Title



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operated a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with.

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license

If you have more than one license, keep the license from the state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**

Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed) _____

Driver's Signature: _____ Date _____

