TIGER LOGISTICS, LLC

PO BOX 1887 416 S MISSISSIPPI

ADA, OK 74820

SC TRUCKING LLC

Po Box 89 4045 CR 1650

ROFF, OK 74865

EMPLOYMENT APPLICATION

Dear Applicant: Per FMCSR 391.21(d) before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the puposes of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writingof his/her due process rights as specified in § 391.23(i) regarding information received as a result of these investigations. You the applicant have the following rights; (i) The right to review information provided by previous employers: (ii) 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: (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Driver Applicant Printed Name _____ Driver Applicant Signature/Date _____

_____
Company Name

_____ _____ _____ _____
Street **City** **State** **Zip**

_____ _____
Phone Fax

Name: _____ Phone: ( )

Current Address: _____ _____ _____ _____
Street City State Zip

If at the above address for less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if needed.

Previous Address: _____ _____ _____ _____
Street City State Zip

Previous Address: _____ _____ _____ _____
Street City State Zip

Date of Birth* _____ *Drivers only to complete Date of Birth* Social Security # _____

Emergency Contact: _____ _____
Name Number

Contact's Address: _____ _____ _____ _____
Street City State Zip

Position Applying For: _____ Rate of Pay expected? _____

Temporary YES / NO Part Time YES / NO Full Time YES / NO

Who Referred you? _____

Have you worked for this company before? YES / NO Dates: _____ - _____

Previous rate of pay? _____ Position _____

Reason for leaving? _____

Have you worked for this company under another name? **YES / NO**

(If required) Have you ever been bonded? **YES / NO** Bonding Company _____

List any relatives currently working for this company _____

Are you currently employed? **YES / NO** If not, how long since previous employment? _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last school attended: _____ _____

Name Address

List any special courses or training that will help you as a driver: _____

PREVIOUS EMPLOYMENT

Employment Record: Complete all data for EACH previous employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show **ALL** employment for the **past three years.** For applicants who operated a CDL required Commercial Motor Vehicle, previous employer information MUST be included for an **additional 7 years**; if during those 7 years the applicant was an FMCSA covered employee.

Company Name: _____ Phone _____

Company Address: _____ _____ _____ _____
Street City State Zip

Position: _____ Dates: _____ _____
Start End

Type of Equip Driven: _____

Areas Driven: _____

Were you regulated by FMCSA during this job? **YES / NO**
Was this job a FMCSA safety sensitive position subject to DOT controlled substance & Alcohol testing? **YES / NO**

Company Name: _____ Phone _____

Company Address: _____ _____ _____ _____
Street City State Zip

Position: _____ Dates: _____ _____
Start End

Type of Equip Driven: _____

Areas Driven: _____

Were you regulated by FMCSA during this job? **YES / NO**
Was this job a FMCSA safety sensitive position subject to DOT controlled substance & Alcohol testing? **YES / NO**

Company Name: _____ Phone _____

Company Address: _____ _____ _____ _____
Street City State Zip

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Start End

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Areas Driven: _____

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Was this job a FMCSA safety sensitive position subject to DOT controlled substance & Alcohol testing? **YES / NO**

Company Name: ______ Phone ______

Company Address: ______ ______ ______ ______

Street City State Zip

Position: ______ Dates: ______ - ______

Start End

Type of Equip Driven: ______

Areas Driven: ______

Were you regulated by FMCSA during this job? **YES / NO**

Was this job a FMCSA safety sensitive position subject to DOT controlled substance & Alcohol testing? **YES / NO**

Company Name: ______ Phone ______

Company Address: ______ ______ ______ ______

Street City State Zip

Position: ______ Dates: ______ - ______

Start End

Type of Equip Driven: ______

Areas Driven: ______

Were you regulated by FMCSA during this job? **YES / NO**

Was this job a FMCSA safety sensitive position subject to DOT controlled substance & Alcohol testing? **YES / NO**

Company Name: ______ Phone ______

Company Address: ______ ______ ______ ______

Street City State Zip

Position: ______ Dates: ______ - ______

Start End

Type of Equip Driven: ______

Areas Driven: ______

Were you regulated by FMCSA during this job? **YES / NO**

Was this job a FMCSA safety sensitive position subject to DOT controlled substance & Alcohol testing? **YES / NO**

LICENSES

List all licenses held in the last 3 years:

State	License Number	Type / Endorsement	Expiration Date

Do you currently hold more than one valid license? **YES / NO**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? **YES / NO**

Has any license, permit, or privilege ever been suspended or revoked? **YES / NO**

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? **YES / NO**

If you answered **YES** to any of the above questions, please give details:

EXPERIENCE

Type of Equipment (Van, Tank, Tractor, etc)	From	To

List states operated in during last five years:

Accident Review (past 3 years)

Date	City, State	# Fatalities / # Injuries	Nature of Accident (head-on, rear-end, etc)
		/	
		/	
		/	

Motor Vehicle Laws & Violations (**past 3 years** other than parking violations)

Location	Date	Charge	Penalty

In the preceding two years have any pre-employment tests resulted in:

Postive test result? **YES / NO**

Refusal to test? **YES / NO**

Applicant; Read and sign before submitting this application.

I understand that the information in this application will be used to contact prior employers, with the purpose of investigating my safety performance history as required by 49 CFR 391.21 (d) & (e). This certifies that this application was completed by me, and that all entries and information are true and accurate to the best of my knowledge.

Signature of Applicant

Date

OFFICE USE ONLY

Hire Date Employment Denial Date Staff Initials

EMPLOYMENT INQUIRY

I, (printed name) _____ (Social Security #) _____ hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to _____ / Saber Transportation Support. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and is limited to those requirements.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as requiredby FMCSR 391.23, 382.405(f), & 382.413(b) for the 3 years preceding this release. I release my former employer from any and all liability that may result from furnishing such information.

Previous Employer: _____ Contact Name: _____

Phone #: _____ Fax # (if known) : _____

Address : _____ _____ _____ _____

Street City State Zip

Applicant Signature : _____ Date : _____

Dear Previous Employer: The above named driver has applied for a position with our Company and states that he/she worked for you from ___/___/_____ until ___/___/_____. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. **If required please use another sheet. Thank you.**

Employment Dates : ___/___/___ to ___/___/___ Job Title(s) _____

Did he/she drive a Commercial Motor Vehicle? **YES / NO** If yes, what type? _____

3-YEAR ACCIDENT HISTORY

Date	City, State	# Fatalities / # Injuries	Type of Accident
		/	
		/	

Reason for leaving your company? Discharged ☐ Resignation ☐ Lay-off ☐ Military Duty ☐

Other (please explain) _____

Was his/her general conduct satisfactory? **YES / NO** If NO please explain: _____

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have any of the following?

Alcohol tests with a result of .04 or higher? **YES / NO**

Verified positive drug tests? **YES / NO**

Any refusals to be tested? **YES / NO**

Any violations of DOT agency drug & alcohol testing regulations? **YES / NO**

Did a previous employer report a drug and alchohol rule violation to you? **YES / NO** If YES include the previous employer's report

If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?: YES / NO

(If **YES** please include the appropriate return-to-duty documentation(e.g. SAP report(s), follow-up testing record)

Completed By: _____ Date: _____

If "NO" safety performance history exists for this driver with your company, please initial here: _____

PLEASE RETURN TO:

Saber Transportation Support

Company Name

PO Box 1357	Ada	OK	74821
Street	City	State	Zip

800-888-9731	580-427-4946	tyler-reed2010@hotmail.com
Phone	Fax	Email

CONSENT TO CHECK DRIVING RECORD

I hereby authorize you to release the following information to _____, and or Saber Transportation Support Inc for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulatins. You are released from any and all liability, which may result from furnishing such information.

Applicant's Name (Printed)

Applicant's Signature

Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Pulic Law No. 91-508, I hereby certify that the infrmation requested below will be used for a "permissible purpose" as defined in the Act, and the informatin received will be used for no other purpose.

2. I further certify that if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

Signature of Requester

Date

To:

To Whom it may concern:
The following named person has made application with our company for the position of _____.
As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant:

Address:

Number & Street | City | State | Zip

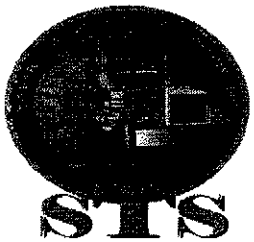
Previous Address:

Number & Street | City | State | Zip

Date of Birth:

Social Security #

Driver License # State:



Company Name

Designated Employee Representative

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, Driver Name, hereby provide consent to Company Name to coduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I also attest that this consent is valid until my termination or resignation. My consent will also be considered valid if my employer conducts more than one query during a calendar year.

I understand that if the limited query conducted by the Company listed above indicates that drug and/or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to this Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Company Name to conduct a limited query of the Clearinghouse, my Employer **MUST** prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. I understand that the FMCSA Drug and Alcohol Clearinghouse is a requirement of employment. A copy of this consent will be retained in my employment packet.

Employee Signature

Date

1 copy - Employer

1 copy - Driver