

Focus Trucking, Inc.

COMPANY DRIVER APPLICATION

To: All Applicants You must answer all questions-please print legibly. If any question does not apply to you, answer with "No" or "Not applicable" (NA). In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or to take any pre-contracting test.

Date: _____ I am making an applications for **DRIVER POSITION**

Name: _____ **Social Security#** _____

Email address: _____

Phone: _____ Alternate Phone: _____

If you were at above address less than three years, list your previous address:

Address: _____
Street City State/ Zip Code

Date of Birth _____ / _____ / _____ **Can you provide proof of age?** ? Yes ? No
(Required by FMCSRs)

Are you prevented from being lawfully engaged as a business in the U.S. because of your visa or immigration status?
? Yes ? No

Have you worked for or been contracted to Focus Trucking, Inc. before? ? Yes ? No
If Yes, When/Where

Are you employed/contracted now? ? Yes ? **No** If No, when did you last work? _____ / _____ / _____

Have you ever been fired or asked to resign by an employer? ? Yes ? **No**

Have you ever been convicted of a misdemeanor or felony? ? Yes ? **No**

(Answering this question in an affirmative answer does not necessarily preclude a hiring decision) If yes to the above, explain below. Add a second sheet if necessary.

How did you find out about Focus Trucking, Inc.? Friend ? _____ Relative ? _____

Newspaper ? _____ Internet Web Site ? _____ Recruiter ? _____

EMPLOYMENT HISTORY - List Previous Employers For Last 10 Years

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b) (10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. (Attach another sheet if more space is needed)

Current or most previous employer/contractor/lessee

| | |
|--------------------------------|---|
| Business Name | Employment Dates Start Date: _____ End Date: _____ |
| Address | Position |
| City State Zip | Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? ? Yes ? No |
| Phone No. | Ending Pay |
| Name Of Supervisor/ HR Contact | Reason For Leaving |

Next previous employer/contractor/lessee

| | |
|-------------------------------|---|
| Business Name | Employment Dates Start Date: _____ End Date: _____ |
| Address | Position |
| City State Zip | Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? ? Yes ? No |
| Phone No. | Ending Pay |
| Name Of Supervisor/HR Contact | Reason For Leaving |

Next previous employer/contractor/lessee

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| Address | Position |
| City State Zip | Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? ? Yes ? No |
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Next previous employer/contractor/lessee

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|-------------------------------|---|
| Business Name | Employment Dates Start Date: _____ End Date: _____ |
| Address | Position |
| City State Zip | Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? ? Yes ? No |
| Phone No. | Ending Pay |
| Name Of Supervisor/HR Contact | Reason For Leaving |

CONTINUE ON NEXT SHEET IF NECESSARY

EMPLOYMENT HISTORY - CONTINUED

List Previous Employers For Last 10 Years

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer;

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b) (10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. (Attach another sheet if more space is needed)

Next previous employer/contractor/lessee

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|--------------------------------|--|
| Business Name | Employment Dates Start Date: _____ End Date: _____ |
| Address | Position |
| City State Zip | Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? ? Yes ? No |
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|-------------------------------|--|
| Business Name | Employment Dates Start Date: _____ End Date: _____ |
| Address | Position |
| City State Zip | Were you employed in a safety sensitive function subject to DOT Federal Motor Carrier Safety Regulations and Drug & Alcohol testing? ? Yes ? No |
| Phone No. | Ending Pay |
| Name Of Supervisor/HR Contact | Reason For Leaving |

D.O.T. ALCOHOL & DRUG TESTING STATEMENT

Failure to properly disclose information may result in Termination of Contract

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? ? Yes No ?
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? ? Yes No ?
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? ? Yes No ?
4. In the past three years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure? ? Yes No ?
5. If the answer is yes to the above questions, provide details, attach second sheet if necessary.
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)
7. Have you ever been convicted of a drug and/or alcohol offense related to operating any motor vehicle or have charges pending?
? Yes No? **If Yes explain**
8. Have you ever been convicted of the possession, use, sale, distribution, or transportation of any controlled substances or have charges pending?
? Yes No? **If Yes explain**

SIGNATURE

DATE

DRIVERS LICENSE HISTORY

Failure to properly disclose information may result in Termination of Contract

| DRIVER'S LICENSE #s PAST 10 YEARS | STATE | TYPE/ENDORSEMENTS | EXPIRATION |
|-----------------------------------|-------|-------------------|------------|
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit, and/or privilege to operate a motor vehicle? ? **No** Yes ? **If Yes explain**

Have you ever had any driver's license, permit, or privilege been suspended or revoked?
? **No** Yes ? **If Yes explain**

Have you ever been disqualified from driving subject to 49CFR Section 391 of the Federal Motor Carrier Regulations?
? **No** Yes ? **If Yes explain**

COMMERICAL DRIVING EXPERIENCE

| Type of Equipment: | Dates | Have you driven in: | Yrs | Total Miles |
|---------------------|-------|-----------------------------|-----|-------------|
| Straight Truck | | Fog? Snow? Ice? Mountains ? | | |
| Tractor- Dry Van | | Fog? Snow? Ice? Mountains ? | | |
| Tractor- Intermodal | | Fog? Snow? Ice? Mountains ? | | |
| Tractor- Tanker | | Fog? Snow? Ice? Mountains ? | | |

What geographic areas did you operated in for the last five years:

What courses or training have you taken for a Commercial Driver position:

Have you received any safety or safe driving awards and from whom:

Applicant: Before submitting your application, please thoroughly review it to ensure that all sections are completed and that you have provided accurate information. Please read and sign the statement below in order for your application to be considered.

APPLICANT'S STATEMENT

In connection with my application, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, insurance companies, governmental agencies, and other reports.

These reports will include information as to my character, work habits, performance, safety, education, compensation, drug and alcohol testing, and experience along with reasons for termination of contract or employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Focus Trucking, Inc. I agree to release and hold harmless Focus Trucking, Inc. from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, motor vehicle, drug and alcohol testing, or medical history. (Generally, inquiries regarding medical history will be made only and if a conditional offer of contract 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 contract, I understand false or misleading information given in my application or in interview(s) may result in termination of contract. I understand that I am required to abide by all rules and regulations of the Company if a conditional offer of contract for services is made. I understand also that by accepting to abide by all rules or regulations set forth by the company does not constitute in any way an employment contract with Focus Trucking, Inc.

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 drug and alcohol and safety performance histories as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: review information provided by current or previous employers; have errors in the information corrected by previous employers and those previous employers to resend 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 this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge

Applicant's Signature

Date

