



P.O. Box 93557
Lafayette, LA 70509
311 Patterson Street
Lafayette, LA 70501
800-961-0096
337-534-8275 (Fax)
www.ShipDedicated.Com

ATTN: Prospective Dedicated Over-the-Road Driver

Thank you for expressing an interest in becoming a Company or Owner/Operator Driver for Dedicated Transportation, LLC.

Enclosed is your employment package containing the following:

- Over-the-Road Prerequisite & Company Philosophy on Safety Handout (one copy)
- Driver's Application for Employment (one copy)
- Request for Information – from Previous Employer (includes alcohol/drug history - release form (one copy)
- Request for Check of Driving Record - release form (one copy)
- Fair Credit Reporting Act Disclosure Statement – release form (one copy)

With receipt of our application package the interview process has begun. How you complete you're application package provide us insight to your attention to detail and following directions, so please ensure the Application for Employment is out completely. In particular, we need complete mailing addresses and current telephone numbers of past employers. You provide employment data covering a full ten years. Incomplete employment application will delay the processing of your application and may result in your application not being considered. Fill out the five-page application completely. The "forms" that have certain blocks highlighted in yellow, please provide the requested information. If the block calls for your signature, you must sign your name, if the block calls for your name, you must print it neatly. Fill out ONLY those blocks are highlighted.

*** * * IMPORTANT * * ***

You must provide a readable copy of your CDL along with the completed application and release forms.

If you have any questions, please call during our normal business hours (8am – 4:00pm – Monday through Friday) at (800) 961-0096, Rhonda extension 230 or Rick extension 231 (if you get voice mail, please leave a message with your name and a good call back telephone number). Our fax number is (337) 534-8275. If you would like to e-mail application please send to Safety@shipdedicated.com

For more information about Dedicated Transportation, LLC visit our website at www.shipdedicated.com

Rick Shoemake
Fleet & Safety Manager
Dedicated Transportation, LLC
Rick.Shoemake@shipdedicated.com



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Management Philosophy

We feel as though our customers are the reason for our existence. Our continued growth and prosperity are dependent on keeping our customers coming back to us. Superior service is what will keep them coming back. We must all accept this fact and realize the importance we all play in this equation. Without good attitudes, neat appearance and a caring spirit from our drivers, we will fail. We will do every thing in our power to protect the customers and ask for your input on any positive suggestions you may have.

History

Dedicated Transportation, LLC was founded February 22, 2000 by Benjamin A. Hogan III in Port Barre, LA. In February of 2002, we moved to a location in Opelousas, LA. On March 31, 2014 we moved to our current location, Lafayette, LA. Dedicated Transportation, LLC operates as a contract and common carrier of non-household goods on an interstate and Louisiana intrastate basis.

When you become a member of this Company you are invited to become an integral part of satisfying our customers while providing dependable support for your family's future.

Service Area

Home Office Facility - Lafayette, LA 70501



Call (337) 706-8846 • Fax (337) 534-8275



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SAFETY POLICY STATEMENT

IT IS THE POLICY OF DEDICATED TRANSPORTATION TO MAINTAIN THE HIGHEST LEVEL OF SAFETY IN ALL FACETS OF OUR BUSINESS

WE CLEARLY UNDERSTAND AND ACCEPT OUR MORAL, LEGAL AND PROFESSIONAL OBLIGATION TO PROVIDE A SAFE WORK ENVIRONMENT

OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET. ALL EMPLOYEES ARE HELD ACCOUNTABLE FOR ENSURING THAT SAFETY PRECAUTIONS AND SAFE WORK PRACTICES ARE FOLLOWED

OUR SUPERVISORS AND MANAGERS WILL BE HELD RESPONSIBLE TO ENSURE ALL EMPLOYEES, EQUIPMENT AND WORK AREAS UNDER THEIR WATCH WILL BE IN COMPLIANCE WITH ALL COMPANY AND GOVERNMENT REGULATIONS AND REGULATIONS

WE WILL CONTINUE TO TRAIN OUR EMPLOYEES IN THE SAFEST MANNER IN WHICH TO PERFORM THEIR FUNCTIONS

WE INTEND TO PROTECT OURSELVES AS WELL AS THE PUBLIC BY CONTINUALLY COMMITTING OURSELVES TO THE FOLLOWING GOAL OF:

“ZERO ACCIDENTS – ZERO INJURIES”

SAFETY IS AN ATTITUDE AND WE INTEND TO HAVE THE BEST ATTITUDE IN THE BUSINESS

Dedicated Transportation’s policy on Driver’s Logs – Comply fully with DOT Regulations & Keep it legal, keep it current, and keep it accurate!

What you can expect! Expect to be home at least 2 weekends a month routinely. We do expect you to leave out early enough on a weekend to be positioned at your first delivery for the week with a fresh 11 hours of driving and 14 hours of on-duty time. Dedicated Transportation does endeavor to get you home for important events, such as children’s graduations. We will do our best to work with you on matters such as these.

For further information call 1-800-961-0096, Rick Shoemake ext 231 or Rhonda Sias ext. 230



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OVER-THE-ROAD DRIVER PREREQUISITES & COMPANY PHILOSOPHY ON SAFETY

PREREQUISITES FOR ALL OVER-THE-ROAD DRIVERS

- **Minimum 25 years of age**
- **Minimum 3 years over-the-road tractor/trailer experience pulling dry vans**
- **Current CDL A driver's license with HazMat/Tanker endorsements and TWIC**
(required within 30 days upon Employment or must have receipt as proof application has been submitted)
(Residents of Louisiana must have CDL issued by State of Louisiana)
- **Safe driving record – as defined by our insurance carrier**
- **Pre-hire DOT physical and drug screen at AHS Walk-in Clinic.** (6011 Ambassador Caffery Pkwy, Youngsville, LA
(applicant to pay cash (currently \$103) for pre-hire drug screen and physical – to be reimbursed after 90 days of employment)
- **Satisfactorily pass road test**
- **Available for Dedicated Transportation dispatch** (or other named customers)
- **Present a neat and well groomed appearance** (collared shirt, proper foot wear)
- **Applicant must provide criminal background check from their Parish/County of residence**
- **Must have a cell phone**
- **Must have e-mail address if owned**

ADDITIONAL REQUIREMENTS FOR OWNER OPERATOR APPLICANTS

- **2006 model or newer tractor (waivers for older tractor on a case-by-case basis)**
Must be inspected by Dedicated Transportation, LLC Maintenance personnel
- **2006 model or newer tractor (waivers for older tractor on a case-by-case basis)**
- **37 State coverage on cab card** (AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, NC, NE, NJ, NM, NV, NY, OH, OK, PA, SC, TN, TX, UT, VA, WI, WV)
- **Heavy Vehicle Highway Use Tax Receipt (IRS form 2290)**
- **Bobtail insurance certificate with \$1,000,000 coverage**
- **Annual vehicle inspection**
- **Workman's Compensation Certification** (if not obtaining from Dedicated Transportation, LLC)
- **Use of our logo on your tractor** (if your company name is on truck correct placement in accordance with CFR 49 390.21 paragraphs b(1)(2)(3) and c(1)(2)(3)(4)

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____
(print)

Date of Application: _____

Applicant Phone #: _____

Applicant E-Mail: _____

(Physical Address)
Dedicated Transportation, LLC
311 Patterson Street
Lafayette, LA 70

(Mailing Address)
Dedicated Transportation, LLC
P.O. Box 93557
Lafayette, LA 70509

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 my 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

- Review information provided by 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.

Signature of Applicant: _____

Date: _____

FOR COMPANY USE

PROCESS FOR HIRING

Applicant Date Hired: _____ Employed as: Company Driver / Owner Operator / Dispatch / Safety / Shop (circle one)

Applicant Date Rejected: _____ Signature of Person Interviewing: _____

TERMINATION PROCESS

Date Terminated: _____ Terminated as: Company Driver / Owner Operator / Dispatch / Safety / Shop

Reason Terminated: Dismissed / Voluntary Quit / Other (explain): _____

Date Termination Report Made to Louisiana Work Force: _____ Person completed Report: _____

APPLICANT TO COMPLETE
(Answer ALL questions – Please print)

Position(s) Applied for: _____

Name (print): _____ Social Security Number: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address:	_____	How Long?	_____
	Street City State Zip Code		year / month
Previous Address:	_____	How Long?	_____
	Street City State Zip Code		year / month
Previous Address:	_____	How Long?	_____
	Street City State Zip Code		year / month
Previous Address:	_____	How Long?	_____
	Street City State Zip Code		year / month
Previous Address:	_____	How Long?	_____
	Street City State Zip Code		year / month

Do you have the legal right to work in the United States? Yes / No (circle one)

Date of Birth: _____/_____/_____ Can You Provide Proof of Age? Yes / No (circle one)
(Required for Commercial Drivers)

Have you worked for this Company before? Yes / No (circle one) from ____/____/____ to ____/____/____.

Rate of Pay: _____ Employed As: _____ Reason Leaving: _____

Are you employed now? Yes / No (circle one) If not, how long since leaving last employment? _____

How did you find out about us? _____ Who Referred You? _____ Pay Expected? _____

Have you been bonded? Yes / No (circle one) Name of Bonding Company: _____

Have you been convicted of a FELONY? Yes / No (circle one)

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job you are applying for? Yes / No (circle one)

If so explain please: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. **complete Mailing Address, Street Number, City, State and Zip Code.** Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional **7 years information** on those employers for whom the applicant operated such vehicles. **List in order with most recent employer first.**

Include any vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
The Federal motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport more than 8 passengers (including the driver), OR is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER(S)						DATE(S)			
Company Name						From		To	
						Month		Year	
Address						Position Held			
City		State		Zip		Salary / Wage			
Contact Person				Phone Number		Reason for Leaving			
Were you subject to FMCSR while employed?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Company Name						From		To	
						Month		Year	
Address						Position Held			
City		State		Zip		Salary / Wage			
Contact Person				Phone Number		Reason for Leaving			
Were you subject to FMCSR while employed?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Company Name						From		To	
						Month		Year	
Address						Position Held			
City		State		Zip		Salary / Wage			
Contact Person				Phone Number		Reason for Leaving			
Were you subject to FMCSR while employed?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Company Name						From		To	
						Month		Year	
Address						Position Held			
City		State		Zip		Salary / Wage			
Contact Person				Phone Number		Reason for Leaving			
Were you subject to FMCSR while employed?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?						<input type="checkbox"/> Yes	<input type="checkbox"/> No		

EMPLOYERS(s)					DATE(s)			
Company Name					From		To	
					Month		Year	
Address					Position Held			
City		State		Zip		Salary / Wage		
Contact Person			Phone Number				Reason for Leaving	
Were you subject to FMCSR while employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Company Name					From		To	
					Month		Year	
Address					Position Held			
City		State		Zip		Salary / Wage		
Contact Person			Phone Number				Reason for Leaving	
Were you subject to FMCSR while employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Company Name					From		To	
					Month		Year	
Address					Position Held			
City		State		Zip		Salary / Wage		
Contact Person			Phone Number				Reason for Leaving	
Were you subject to FMCSR while employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Company Name					From		To	
					Month		Year	
Address					Position Held			
City		State		Zip		Salary / Wage		
Contact Person			Phone Number				Reason for Leaving	
Were you subject to FMCSR while employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was your job designated as a Safety Sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR part 40?					<input type="checkbox"/> Yes	<input type="checkbox"/> No		

ACCIDENT RECORD FOR PAST 3 YEARS (Attach sheet if more space is needed) IF NONE, WRITE NONE

	DATE(s)	NATURE OF ACCIDENT (Head-on, Rear-End, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIALS SPILLED
Last Accident					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other Than Parking Violations) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

What Endorsement Are On Your License (circle each that apply):

<input checked="" type="checkbox"/> X	<input type="checkbox"/> H	<input type="checkbox"/> N	<input type="checkbox"/> T	<input type="checkbox"/> P
tanker / hazmat combination	hazmat only	tankers only	double / triple trailers	passenger vehicle

a. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes or No (circle one)

b. Has any license, permit, or privilege ever been suspended or revoked? Yes or No (circle one)

IF THE ANSWER TO EITHER A OR B IS YES, EXPLAIN IN DETAIL: _____

Do You Have a TWIC Card? Yes or No (circle one)

Is there a reason you cannot get the tanker, Hazmat endorsements and TWIC card within 30 days of employment? Yes or No (circle one)

IF YOU ANSWERED YES, ABOVE EXPLAIN IN DETAIL: _____

DRIVING EXPERIENCE CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (circle)	DATES		APPROXIMATE TOTAL DRIVEN
		From (M/Y)	To (M/Y)	
Straight Truck Yes or No (circle one)	Van Tank Flat Dump Refer			
Tractor and Semi-Trailer Yes or No (circle one)	Van Tank Flat Dump Refer			
Tractor 2 Trailers Yes or No (circle one)	Van Tank Flat Dump Refer			
Tractor 3 Trailers Yes or No (circle one)	Van Tank Flat Dump Refer			
Motor coach -School Bus (more than 8 passengers) Yes or No (circle one)				
Motor coach -School Bus (more than 15 passengers) Yes or No (circle one)				

Other: _____

List States Operated In For Last 5 Years: _____

What Special Courses or Training Have You Had As A Driver: _____

List Driver Awards You Have Received: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

List Any Trucking, Transportation, or Other Experience That May Help In You're Work For This Company: _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College / Vo Tech 1 2

Last School Attended: Name: _____ City: _____ State: _____

TO BE READ AND SIGNED BY APPLICANT

With my signature below I certify this application was completed by me, all entries and information are true and correct to the best of my knowledge

Name : (print) _____ Signature: _____ Date: _____

ADDENDUM TO APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

NAME: _____
 Last First Middle

Social Security Number: -- -- Aliases/Nicknames Used (if none write "NONE"): _____

PROOF OF CITIZENSHIP (Must present original driver's license and original social security card (cannot be laminated) as proof citizenship; we may ask for other documents that may verify citizenship).

Are you able to provide? Yes / No (circle one)

Explain any gaps in employment in excess of 30 days: _____

List three personal references (include name, address and phone numbers):

Name: _____	Complete Address: _____	Phone #: _____
-------------	-------------------------	----------------

Name: _____	Complete Address: _____	Phone #: _____
-------------	-------------------------	----------------

Name: _____	Complete Address: _____	Phone #: _____
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Other Remarks: _____

Applicant's Signature: _____ Name Printed: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that re- verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you f employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants
Printed Name: _____

Applicants
Signature: _____

Date: _____

REQUEST FOR EMPLOYMENT, ALCOHOL & DRUG INFORMATION FROM PREVIOUS EMPLOYEE

I hereby authorized you to release the following information to:

DEDICATED TRANSPORTATION, LLC 311 Patterson Street, Lafayette, LA 70501

For the purposes of investigation as required by Section 391.23 and allowed by Section 383 of the Federal Motor Carrier Safety Regulations. You are released from any and all liabilities which may result from furnishing such information. Alcohol/Drug Test Information is being requested in compliance with Section 40.25 and 391.23.

Applicants Printed Name _____ Applicants Signature: _____ Date: _____

Mail or Fax To:

Prospective Employer:

Dedicated Transportation, LLC
P.O. Box 93557
Lafayette, LA 70509
Telephone: (337) 706-8846 ext 230
Fax (337) 534-8275
E-mail: Safety@ShipDedicated.Com

Dear Sir/Madam:

The below named individual has made application to this company for a position as a Class A, CDL Driver and states that he/she employed by you as a Class A, CDL Driver from: _____ to _____

Thanks for your timely attention to this matter.

Sincerely,



Rick Shoemake - Fleet & Safety Manager, please Fax to 337-534-8275.

Name of Applicant: _____ Social Security Number: _____ / _____ / _____

Employed from: _____ to _____ as a _____ at a wage or salary of _____

Did he/she drive motor vehicle for you? Yes / No (circle one)

Was he/she a safe & efficient driver? Yes / No (circle one)

What type motor vehicle? (circle all that apply) Tractor Semi-Trailer Straight Truck Bus Dump Other: _____ Length _____

Type of equipment pulled? Van Flatbed Tanker Reefer (circle all that apply)

Was this OTR? Yes / No (circle one) What Commodities hauled? _____

How many states did he/she run? _____ USDOT # _____

Reason for leaving? Discharged _____ Resignation _____ Lay Off _____ (Check one please)

Eligible for rehire? Yes / No (circle one)

Number of "preventable" accidents/incidents: _____ or None _____

Please give details: _____

Was his/her general conduct satisfactory? Yes / No (circle one)

Please advise history of past driving record if available for past three years: _____

Was driver subject to DOT Alcohol and Drug testing requirements while employed by _____ Yes / No (circle one)

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes / No (circle one)
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes / No (circle one)
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes / No (circle one)
4. Has this person committed other violations of subpart B of 382, or Part 40? Yes / No (circle one)
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? Yes / No (circle one)
If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver have an alcohol test result of 0.04 or greater, verified positive drug test or refuse to be tested? Yes / No (circle one)
Please include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years the application date.

Name of person completing: (print) _____ Company Name: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____

Completed by (Signature): _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to: **DEDICATED TRANSPORTATION, LLC** (Prospective Employer) for purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

(Signature of Applicant)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation and;
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103 322, Title XXX, Section 300002(a)).



(Signature of Requester)

(Date)

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____ 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.

The following named person has made application with our company for the position of _____ in accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

APPLICANT / DRIVER NAME

(print)

(first)

(middle)

(last)

ADDRESS:

(street)

(city)

(state)

(zip code)

FORMER ADDRESS:

(street)

(city)

(state)

(zip code)

DATE OF BIRTH

(month / date / year)

SOCIAL SECURITY NUMBER:

/ /

LICENSE NUMBER:

REQUESTED BY



Rick Shoemake

Fleet & Safety Manager

Dedicated Transportation, LLC

311 Patterson Street, Lafayette, LA 70501

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **Dedicated Transportation, LLC**, 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 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 with 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

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 fault, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver at the time where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, are reported 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 on next page.

I authorize **Dedicated Transportation, LLC** to access the FMCSA Pre-Employment Screening Program (PSP) system to see 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 1 year 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.

APPLICANT'S
SIGNATURE: _____

PRINTED
NAME: _____

Date: _____

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.

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