

DRIVER'S APPLICATION

Excargo Services Inc.
5330 Gulf Freeway
Houston, Texas 77023
713-921-7700 832-204-4256

AUTHORIZATION *Sign and Date Below*

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 a decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer 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. 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 Excargo Services 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 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 previous employers;
- Have errors in the information corrected by previous employers and for 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.

Signature _____ Date _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

LAST NAME FIRST NAME MI

STREET ADDRESS NO. CITY STATE ZIP

STREET ADDRESS NO. CITY STATE ZIP

(_____) -- _____
HOME PHONE

(_____) -- _____
ALT. PHONE

____-____-____-____-____-____
SOCIAL SECURITY

____/____/____.
DATE OF BIRTH

LIST EACH UNEXPIRED COMMERCIAL OPERATOR'S LICENSE OR PERMIT ISSUED TO YOU.

LICENSE NO. STATE EXPIRATION DATE CLASS

LICENSE NO. STATE EXPIRATION DATE CLASS

DRIVING EXPERIENCE Total Commercial Driving Experience: _____ years

Type of Equipment	Years of Experience	Years or # Miles Driven
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT RECORD (Previous Three Years)

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS (Previous Three Years)
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSE AND CRIMINAL BACKGROUND

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

B. Has any license, permit or privilege ever been suspended or revoked?
 YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?
 YES NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____ PHONE: () _____
RELATIONSHIP: _____
NAME

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List 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 vehicle. LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.

Present or Last Employer:

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? Yes 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? Yes No

Employer:

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Employer:

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ *Type of Trailer:* _____

Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ *Type of Trailer:* _____

Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ *Type of Trailer:* _____

Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ *Type of Trailer:* _____

Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

Employer:

Name of Company: _____

Contact Person _____ **Phone** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving: _____ *Type of Trailer:* _____

Were you subject to the FMCSRs+ While employed? Yes 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? Yes No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

X _____

Signature of Applicant

Date

TRACTOR INFORMATION: I certify that I own the following truck or am the authorized business agent for same:

Year _____ Make _____ Model _____ Type _____ Registered
Wt _____

(Conv or Cabover)

I am most interested in (circle one)

Local Work

Regional Work

OTR

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 the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Titula II, Subtítulo D, el Capítulo yo, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.

Applicant's Signature

Date

Print Name

Social Security Number

SAFETY PERFORMANCE HISTORY

To be completed by: APPLICANT

Printed Name: _____ SSN: _____ DOB: _____

Signature: _____ Date: _____

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application
To:

Excargo Services Inc.

P O Box 230306

Houston, TX

Office (832) 204-4255

Fax (832)204-4256

email *Safety@excargo.com*

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in
Written form that ensures confidentiality such as fax, email, or letter.

To be completed by:

PREV. EMPLOYER: _____ **Phone:** _____

STREET: _____ **Fax:** _____

CITY, ST, ZIP: _____ **Email:** _____

To be completed by: **PREVIOUS EMPLOYER**

Section I Employment Verification

The applicant named above **WAS/IS NOT** employed/contracted by the Company.

The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: _____ to _____ as a _____

Section II Experience

Did he drive a motor vehicle for you? Yes No . If yes, what type?

Tractor-Semi trailer Straight truck Bus Cargo Tank Other: _____

LENGTH AND TYPE OF TRAILER PULLED: _____

Section III Separation Reason

Reason for leaving your employment: Quit Resigned Lay Off

Comments: _____ Co.Terminated Still Employed Rehire? Y

N

Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
------	----------	----------	------------	---------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Section V Certification

Signature: _____ Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY

APPLICANT NAME: _____ SSN: _____ EMPLOYER: _____

To be completed by: **PREVIOUS EMPLOYER**

Section I: DRUG AND ALCOHOL HISTORY

Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. Fill out **Section II DATES OF EMPLOYMENT: _____ TO _____**

Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he was under employment/contract: **In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

Section II If the answer to **QUESTION 5 OR 6** is "Yes", please list **SAP Professional Information:**

NAME _____ ADDRESS _____ CITY _____
STATE-ZIP _____
PHONE _____

Section III Affirmation: This form was filled out by:

Name: _____ Title: _____ Company: _____
Signature: _____ Date: _____

THIS FORM WAS:

FAXED MAILED EMAILED VERBALLY (OTHER) _____

DATE: _____ **TIME:** (IF VERBAL) _____ **BY:** _____

INFORMATION OBTAINED FROM: _____