

Southwind Freight and Global Logistics, L.P., d/b/a

Levinge Freight Lines

17463 IH 45 North, Suite B
Willis, Texas 77318

APPLICATION FOR EMPLOYMENT

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

In compliance with Federal and State equal opportunity 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. It is agreed and understood that any misrepresentations of information given shall be considered an act of dishonesty. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations. And I consent to references and former employers and educational institutions listed being contacted regarding this application and ascertain any and all information of concern to the applicants record whether same is of record or not applicant releases any persons name herein from all liability for any damages on account of his furnishing such information The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file. It is agreed and understood that this applicant for employment in no way obligates the employer to employee this applicant. And it is agreed and understood that if hired the employee will be placed on a trial basis during which time the applicant may be discharged without recourse.

APPLICANTS NAME _____ HOME PHONE _____
(Last) (First) (Middle) OTHER CONTACT NO _____

Have you ever worked for this company before (if yes) Dates: From: _____ To: _____
Month/year month/year

Have you ever worked for this company under another name (if yes what name) _____

ADDRESS FOR PAST THREE YEARS

ADDRESS _____ HOW LONG? _____
(Street) (City) (St) (Zip)

ADDRESS _____ HOW LONG? _____
(Street) (City) (St) (Zip)

ADDRESS _____ HOW LONG? _____
(Street) (City) (St) (Zip)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ D/L NO. _____ ST _____
(Required for driving positions only)

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED

HIGH SCHOOL COLLEGE TRADE SCHOOLS: _____

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

DRIVING EXPERIENCE: YEARS OPERATING STRAIGHT TRUCKS _____ TRACTOR/TRAILER _____ FLATBED _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Has any license, permits or privilege ever been suspended or revoked?

Have you ever refused or tested positive for drugs on pre-employment

Have you ever been convicted of a felony

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

Please explain _____

List Licenses held in the past three years.

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

Driving Experience.

Class of Equipment	Type of Equipment	mm/dd/yyyy	Mm/dd/yyyy	Approximate miles
Straight Truck				
Tractor and Semi-Trailer				
Other				
Other				

List social courses that will help you as a driver _____

Driving awards held and who awards were presented by _____

EMPLOYMENT HISTORY FOR DRIVING POSITIONS: (DOT regulations require a minimum history of 10 years)

List from most recent.

EMPLOYER: NAME _____ *CONTACT PERSON* _____
ADDRESS _____ *PHONE* _____
POSITION HELD _____ *START DATE* _____ *END DATE* _____
SALARY _____ *REASON FOR LEAVING* _____

EMPLOYER: NAME _____ *CONTACT PERSON* _____
ADDRESS _____ *PHONE* _____
POSITION HELD _____ *START DATE* _____ *END DATE* _____
SALARY _____ *REASON FOR LEAVING* _____

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POSITION HELD _____ *START DATE* _____ *END DATE* _____
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EMPLOYER: NAME _____ *CONTACT PERSON* _____
ADDRESS _____ *PHONE* _____
POSITION HELD _____ *START DATE* _____ *END DATE* _____
SALARY _____ *REASON FOR LEAVING* _____

EMPLOYER: NAME _____ *CONTACT PERSON* _____

ADDRESS _____ PHONE _____

POSITION HELD _____ START DATE _____ END DATE _____

SALARY _____ REASON FOR LEAVING _____

EMPLOYER: NAME _____ CONTACT PERSON _____

ADDRESS _____ PHONE _____

POSITION HELD _____ START DATE _____ END DATE _____

SALARY _____ REASON FOR LEAVING _____

EMPLOYER: NAME _____ CONTACT PERSON _____

ADDRESS _____ PHONE _____

POSITION HELD _____ START DATE _____ END DATE _____

SALARY _____ REASON FOR LEAVING _____

EMPLOYER: NAME _____ CONTACT PERSON _____

ADDRESS _____ PHONE _____

POSITION HELD _____ START DATE _____ END DATE _____

SALARY _____ REASON FOR LEAVING _____

EMPLOYER: NAME _____ CONTACT PERSON _____

ADDRESS _____ PHONE _____

POSITION HELD _____ START DATE _____ END DATE _____

SALARY _____ REASON FOR LEAVING _____

ACCIDENT RECORD (List all accidents in which you were involved as a driver in the preceding five years)

<u>DATE</u>	<u>NATURE</u>	<u>NUMBER OF FATALITIES</u>	<u>PERSONS INJURED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC VIOLATIONS (List all violations of motor vehicle law or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application)

<u>DATE</u>	<u>TYPE</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal references: Please list two

1 Name _____ **Phone#** _____ **Relationship** _____ **Length of Time know** _____

2 Name _____ **Phone#** _____ **Relationship** _____ **Length of Time know** _____

SIGNATURE _____ DATE _____

(Driver Applicant Signature)

PROCESS RECORD:

REMARKS:

Levinge Freight Lines

Pre-Employment Consent Form

1. I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substance test. A urine sample will be collected and tested for controlled substances. I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to the motor carrier. I also authorize the results of the test to be released to other parties up to a period of two years.

I hereby agree to submit to a drug screen urinalysis.

1. In connection with my application for employment (including contract for services) with you, I understand that a consumer report, which may contain public record information, is being requested for DAC services. This report may include the following types of information; names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc, from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record request made by others from such state agencies, (2) state provided driving record, (3) claims involving me in the files of insurance companies.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the source of information; the recipients of any report on me, which DAC has previously furnished within the two years preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC services.

1. I understand that I am under a 90-day probation period and my continued employment depends upon my work performance.
2. If being hired as a driver only, I agree that if I terminate my employment in less than 90 days I will be charged for any fees for physical, drug screen and DAC report.
3. I have received the Levinge Freight Lines Handbook and I understand that I am responsible for all the rules and regulations listed in that handbook and any supplements to such.

Applicant's Printed Name

Applicant's Social Security Number

Applicant's Signature

Date

Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines*
17463 IH 45 North, Suite B
Willis, Texas 77318

General Release

I authorize Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines* or DAC Services to investigate my background, credit rating, any possible criminal record, and prior work history, and agree that misrepresentation or omission of facts is a legitimate cause for decertification. This is in application for driver certification not employment.

I also authorize the release of information to safety personnel at Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines* or DAC Services concerning my past drug and alcohol test results and any refusals to be tested including pre-employment drug tests as required by the Federal Motor Carrier Safety Regulations. Title 49, Sections CFR 382.413 and 382.405.

Furthermore, I submit that I have been expressly notified of my rights regarding the investigative information provided to Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines* or DAC Services as outlined in FMCSR 391.23 which includes: 1) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that employer to re-send the corrected information to Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines* or DAC Services; and (3) the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

I understand that in order to receive such investigative information, I must submit a written request to Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines* or DAC Services within 30 days after being employed or being notified of denial of contract in order to review it and also understand that Southwind Freight and Global Logistics, L.P., d/b/a *Levinge Freight Lines* or DAC Services has five (5) business days in which to respond to my request.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read and fully understand and accept all terms of the foregoing statements.

Signature _____ Date _____

Printed Name _____