

Southern Grace Trucking

192 Verrazano Place • Clayton, NC 27520 • Phone: (919) 604-2040 • Fax: (919) 243-3726

TO ALL APPLICANTS

Thank you for expressing an interest in becoming an employee of **Southern Grace Trucking**. Please know that this is only a preliminary qualification. In order to become a Driver for **Southern Grace Trucking**, you must be able to pass a D.O.T. physical, a NIDA drug screen and background check.

Complete this application fully, legibly, and accurately. Do not leave blanks. FAILURE TO COMPLETE THE APPLICATION IN ITS ENTIRETY WILL DELAY PROCESSING AND POTENTIAL EMPLOYMENT.

- Include all past employment addresses, dates, contacts, and phone numbers for verification.
- D.O.T. requires **Southern Grace Trucking** to do background checks based upon a 10-year employment history on all drivers. You must provide ten (10) years of previous employment history if available. If you do not have this experience, please indicate so. Please fill out completely.
- If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.
- If the answer to a question is not applicable, enter NONE or initial the appropriate block.
- Sign on all lines requiring your signature. Initial and date each of the mandatory notification boxes.
- If you need more space for comments – make a note and write your comments on the reverse side of the form.
- Please have the following available
 - Driver's license
 - Social Security Card or Passport
 - Medical Card
- Southern Grace Trucking ONLY does direct deposit through ADP. You must have a Checking or Savings Account before the first pay period. You must also have an email address to enroll in ADP's system to see your paycheck.

Southern Grace Trucking seeks to hire only the best drivers in the industry and we hope that you will become part of our dependable, on-time, professional driver team. If you have any questions regarding any part of the qualification process, please feel free to ask your interview or training team.

**WE WILL USE THIS INFORMATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, AND TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE, AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES.
THANK YOU FOR APPLYING.**



TRUCK DRIVER APPLICATION FOR EMPLOYMENT

Information on this application complies with U.S. Department of Transportation Regulations 49CFR§391.21 In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date of Application (MM/DD/YY) _____ Position Applying for: _____ Day Driver _____ Night Driver

Name of Driver: _____
First Middle Last

SSN _____ - _____ - _____ Date of Birth (MM/DD/YY) ____/____/____ Date Available to Start: _____

CDL Driver's License # _____ State _____ Date of Issue _____ Expiration Date _____

Medical Exam: Date of Issue _____ Expiration Date _____ ID # _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes No

List current address and all addresses at which you have resided during the past 3 years:

Current Address _____ City _____ State _____ ZIP _____ From ____/____/____ to ____/____/____

Address _____ City _____ State _____ ZIP _____ From ____/____/____ to ____/____/____

Address _____ City _____ State _____ ZIP _____ From ____/____/____ to ____/____/____

Email Address (Required): _____

Home Phone # (____) _____ - _____ • Cell Phone # (____) _____ - _____ • Other Phone # (____) _____ - _____

IMPORTANT:..... IN CASE OF EMERGENCY, NOTIFY:

Name _____ • Phone # (____) _____ - _____ • Relationship _____

Name _____ • Phone # (____) _____ - _____ • Relationship _____

EDUCATION

High School Attended _____ City _____ State _____ Graduated? YES NO

College/Trade School Attended _____ City _____ State _____ Graduated? YES NO

Driving School Attended _____ City _____ State _____ Completion Date _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Have you ever been convicted of/or have a pending DWI/DUI? YES NO If yes, when? _____

Do you have the legal right to work in the United State? YES NO
(Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment.)

Have you ever served in the U.S. Armed Forces? YES NO If yes, which branch of service? _____

Are you currently serving in Military Reserves or the National Guard? YES NO

EMPLOYMENT WORK HISTORY

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements. Include self-employment or time leased to another carrier. Any gaps in employment (including unemployment or retirement) must be explained.

 Current
 Employer _____ Dates: From _____ to _____
 Address _____ City _____ State _____ ZIP _____
 Telephone Number _____ Contact Name _____
 Equipment Operated: _____ Materials Hauled: _____
 Position Held _____ Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
 Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

Employer _____ Dates: From _____ to _____
 Address _____ City _____ State _____ ZIP _____
 Telephone Number _____ Contact Name _____
 Equipment Operated: _____ Materials Hauled: _____
 Position Held _____ Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
 Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

Employer _____ Dates: From _____ to _____
 Address _____ City _____ State _____ ZIP _____
 Telephone Number _____ Contact Name _____
 Equipment Operated: _____ Materials Hauled: _____
 Position Held _____ Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
 Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

Employer _____ Dates: From _____ to _____
 Address _____ City _____ State _____ ZIP _____
 Telephone Number _____ Contact Name _____
 Equipment Operated: _____ Materials Hauled: _____
 Position Held _____ Reason for Leaving _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? YES NO
 Were you subject to the US DOT alcohol and controlled substances testing requirements? YES NO

Account for period between jobs – include dates (MM/YYYY) and reason: _____

**FMCSR apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passenger or property when the vehicle: (1) weighs more than a GVWR of 10,001 lbs. or more; (2) is designated or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quality requiring placarding.*

COMMERCIAL DRIVER'S LICENSE INFORMATION

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

| State | License Number | Type | Endorsements | Expiration Date |
|-------|----------------|------|--------------|-----------------|
| | | | | |
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| | | | | |

- | | |
|--|------------------|
| 1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | Yes ____ No ____ |
| 2. Has any license, permit or privilege ever been suspended or revoked? | Yes ____ No ____ |
| 3. 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, please give details.

List each type of commercial motor vehicle you have operated and for how long.

| Class of Equipment | Types of Equip. (Dump, Van, Flatbed, etc.) | From | To | Approximate Miles |
|------------------------|---|------|----|-------------------|
| Straight Truck | | | | |
| Tractor & Semi Trailer | | | | |
| Tractor 2- Trailers | | | | |
| Other | | | | |

List states operated in during the last 5 years _____

List special courses or training completed: _____

List safe driving awards and who presented the awards _____

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

| Dates of Accident and Type of Vehicle | Nature of Accident (Head-On, Rear-End, Upset, etc.) | Location of Accident | # of Fatalities | # of Injuries |
|--|--|----------------------|-----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
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Southern Grace Trucking

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

Name: _____
 (First) (Middle) (Last)

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of **Southern Grace Trucking LLC** to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in dismissal.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug-screening test. I consent to the investigation, physical and drug test.

I hereby authorize **Southern Grace Trucking LLC** to investigate all statements contained in this application, to interview the references and previous employers listed in the application, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such information to Southern Grace Trucking LLC, including, but not limited to, any liability or invasion of privacy. I understand that I will be provided a separate consent form authorizing a consumer report and/or investigative consumer report.

If I am applying for a position as a Driver within **Southern Grace Trucking LLC**, I understand that information I provide regarding current and/or previous employers may be used, and those employer's 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 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.

In consideration of my employment, I agree to conform to **Southern Grace Trucking LLC** rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by **Southern Grace Trucking LLC** to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in immediate dismissal.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application is by me.

Applicants Signature: _____ Date: _____

Southern Grace Trucking

ACKNOWLEDGEMENT OF NOTICE OF DRUG ABUSE POLICY AND PROCEDURES

I, _____, acknowledge receiving written notice of the existence of the [Southern Grace Trucking LLC](#) Drug Abuse Policy (the "Policy").

As a condition of continued employment or service to [Southern Grace Trucking LLC](#), I understand and agree that I must not use, buy sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job.

I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of [Southern Grace Trucking LLC](#), I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion, following a reportable accident or an on-the-job accident, when returning from a leave of absence, and on a random basis.

I further understand and agree if I become an employee of [Southern Grace Trucking LLC](#), and in the event that any test result is Positive, I will have an opportunity to discuss with the [Southern Grace Trucking LLC](#) Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all matters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will result in discipline up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or [Southern Grace Trucking LLC](#) representative, the information necessary to comply with this Policy.

DATE _____ SIGNATURE _____

Southern Grace Trucking

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). In accordance with the provisions of §604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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 purposes. These reports are required by §382.413, §391.23, and §391.25 of the Federal Motor Carrier Safety Regulations. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Must Be Read and Signed by Applicant:

• 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 (c). I also understand that I have the right to: 1) review information provided by previous employers; 2) have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 3) 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.

• I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights. I hereby certify that this application was completed by me and that the information provided is correct, complete and a true representation of the facts as known to me the applicant.

Applicant's Signature

Date

Southern Grace Trucking

PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons who are applying for a driving position requiring a commercial driver's license to answer the following questions:

- 1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? ____ Yes ____ No
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? ____ Yes ____ No
- 3) If you answered yes to either 1 or 2 above, you must provide copies of all Substance Abuse Professional referral, evaluation, and treatment documentation including return to duty and follow up-testing chain of custody forms and results. Can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? ____ Yes ____ No
Name of SAP _____

Address _____ City _____ State _____ ZIP _____

Phone (____) ____ - _____

Applicants Signature: _____ Date: _____

CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE

Driver Name Printed: _____

Driver's License #: _____ State issued: _____ Expiration Date: _____

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking); you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Signature: _____ Date: _____

Southern Grace Trucking

NEW HIRE STATEMENT OF ON DUTY HOURS

Per §395.8(j)(2) of the Federal Motor Carrier Safety Regulations, Southern Grace Trucking when using a new driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for Southern Grace Trucking.

Driver Name: _____

First
Middle
Last

| | | | | | | | | |
|--------------|------------------|---|---|---|---|---|---|-------------|
| Day | (1) yesterday | 2 | 3 | 4 | 5 | 6 | 6 | Total Hours |
| Date | | | | | | | | |
| Hours Worked | | | | | | | | |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ AM PM on _____

Time
Month
Day
Year

Driver's Signature: _____ Date: _____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Per the FMCSA, when employed by a motor carrier, a driver must report to the carrier all "on-duty" time including all time working for other employers. Definition of On-Duty Time per § 395.2 On-duty time means all time from the time a driver begins work or is required to be in readiness for work until the time the driver is relieved from work and all responsibilities for performing work. Performing other compensated work for a person who is not a motor carrier is also on-duty time. The complete definition of on-duty time can be found in § 395.2.

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while working for Southern Grace Trucking? YES NO

I hereby certify that the information given above is true, and I understand that once I become employed with Southern Grace Trucking, if I begin working for any additional employer(s) for compensation that I must inform Southern Grace Trucking of any employment activity.

Driver's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Southern Grace Trucking

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

Name (Please Print) _____

1. In connection with your application for employment with Southern Grace Trucking LLC ("Prospective Employer"), 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 based 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 oral, 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 Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Southern Grace Trucking LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years 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.

3. 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 am challenging 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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.

Date: _____ Signature: _____

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**
 LAST UPDATED 10/29/2012

Southern Grace Trucking

HIRERIGHT DAC RELEASE AUTHORIZATION TO PREVIOUS EMPLOYER

| | |
|--------------------------------|------------------------------------|
| Company Requesting Information | SOUTHERN GRACE TRUCKING LLC |
| Company Contact Person | HEATHER SMITH |
| Company Fax Number | 919-882-9985 |
| HireRight Account Code | DMHNC00 |

Work Record and Consumer Reports Release Authorization: Per 49 CFR §391.1 hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish HireRight for the purpose of HireRight transmitting such records to Southern Grace Trucking, LLC hereafter "The Company", any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that The Company does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer's premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims or damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish The Company with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.

Medical Records Release Authorization:
I authorize HireRight for the purpose of HireRight transmitting such records to Southern Grace Trucking, LLC to obtain medical documentation or information concerning my past or present medical status. I release anyone with such records from liability, claim or damages for providing my medical information.

Drug and Alcohol History Release Authorization:
In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed on my application to HireRight for the purpose of HireRight transmitting such records to Southern Grace Trucking, LLC. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

List all DOT-regulated employers you have applied with and/ or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

| Previous DOT-Regulated Employer | City | State | Phone Number |
|---------------------------------|------|-------|--------------|
| | | | |
| | | | |
| | | | |

Printed Name: _____ Social Security Number: _____

Signature: _____ Date: _____

DRIVER'S RIGHTS UNDER FMCSR 391.23

To Be Read and Signed by Applicant:

- (i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section: (i)(1)(i) The right to review information provided by previous employers; (i)(1)(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; (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- (j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.
 - (j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
 - (j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
 - (j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - (j)(4)(i) Forward a copy of the rebuttal to the prospective motor carrier employer;
 - (j)(4)(ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
 - (j)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
 - (j)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.
- (k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.
- (k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.
- (l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against-
 - (l)(1)(i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
 - (l)(1)(ii) A person who has provided such information; or
 - (l)(1)(iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

- (l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty. I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives seeking such information and all other persons, corporations or organizations for furnishing such information. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me. It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period during which I may be disqualified without recourse. 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.

RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION: The information provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49CFR Sec.391.23 (i)(1) applicant has the following rights with regards to the safety performance history information provided by previous employers.

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS: Applicant has the right to review the records provided by your previous employers. Applicant must make a request to review in writing and submit it to the prospective employer no later than thirty (30) days after employment begins or notification of employment is made. Applicant will be provided with the records within five (5) business days of receipt of the written request. If the prospective employer has not received the records at the time of request, then the five-day period to provide access will begin on the day the records are received from the previous employer. If applicant fails to arrange pick up or receive the requested records within thirty (30) days of when they are first made available, then applicants right to review is considered waived.

THE RIGHT TO HAVE ERRONEUS INFORMATION CORRECTED: If applicant believes there is an error in the records, applicant has the right to have previous employer correct the error. Send any requests for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify applicant within fifteen (15) days of receiving request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of applicant's safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

THE RIGHT TO REBUT DISPUTED INFORMAITON: If the previous employer does not agree that information in the records provided is in error, applicant may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in applicants safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must: forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response from any subsequent investigating prospective employers for the duration of the three year data retention requirement period. Applicant may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION: Applicant may report failure of a previous employer to correct information or include rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights. I hereby certify that this application was completed by me and that the information provided is correct, complete and a true representation of the facts as known to me the applicant.

(Applicant's Signature)

(Date)

Southern Grace Trucking

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Southern Grace Trucking pays by Direct Deposit into the account of your choice. In order to see your paycheck you will need to provide an email address to set up your ADP account. Please write legibly so that we can insure that your funds are deposited correctly.

Employee Name: _____
 Employee email address: _____
 Financial Institution Name: _____
 Account Type: Checking Savings Other
 Routing Number: _____
 Account Number: _____

I authorize Southern Grace Trucking, LLC and the financial institution named above to remit my paycheck via ADP. This also includes my authorization for my employer to reverse any entries that were made in error. This authorization will remain in effect until Southern Grace Trucking, LLC receives written notice from me.

Employee Signature: _____ Effective Date: _____

For accuracy please attach a voided check or deposit slip here:

Southern Grace Trucking

COMMERCIAL DRIVER'S DRIVER CERTIFICATION OF VIOLATIONS

Southern Grace Trucking LLC shall upon hiring and at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (§391.27). Drivers who have provided information required by §383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by Southern Grace Trucking LLC above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (§391.27).

Name of Driver: _____
First Middle Last

CDL Driver's License # _____ State _____ Date of Issue _____ Expiration Date _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check here - None.)

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|------|---------|----------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Signature: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

This day I reviewed the driving record of the above named driver in accordance with §391.25 of the FMCSR. Having done so, I find:

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to §391.15
- Does not adequately meet satisfactory safe driving performance

Notes:

Reviewed by Heather W. Smith, Managing Member of Southern Grace Trucking, LLC.

Signature: _____ Date: _____