COMPANY DRIVER · LOWER 48

DRIVER EMPLOYMENT APPLICATION

EMPLOYING MOTOR CARRIER	ADDRESS	CARRIER NUMBERS	PHONE
Patriot Services Logistics LLC	21429 E Reunion Road, Red Rock, AZ 85145	USDOT 3409887 · MC-1099163	(520) 269-1494

How to apply. Fill in this form on your computer or print it and fill it in by hand. Answer every question; write "None" where nothing applies. Save it and email it to **abramsalas@thepatriotservices.com** with the subject "Driver Application". A resume is welcome but optional. Fields marked * are required by federal regulations or by the company.

1 APPLICANT INFORMATION

49 CFR 391.21(b)(2) and (b)(4)

TODAY'S DATE * MM/DD/YYYY | FIRST NAME * | MI | LAST NAME * | PREFERRED NAME

DATE OF BIRTH * MM/DD/YYYY | SOCIAL SECURITY NUMBER * | PHONE * | ALTERNATE PHONE | EMAIL *

CURRENT STREET ADDRESS * | CITY * | STATE * | ZIP * | LIVED HERE SINCE * MM/YYYY

2 PREVIOUS ADDRESSES

List every address where you lived in the past 3 years, other than your current address. 49 CFR 391.21(b)(3)

STREET ADDRESS	CITY	STATE	ZIP	FROM (MM/YYYY)	TO (MM/YYYY)

3 POSITION AND AVAILABILITY

Position applying for * ◯ Company driver (Class A CDL) ◯ No CDL yet (paid training) ◯ Owner/operator

IF YOU OWN YOUR TRUCK: YEAR | MAKE | MODEL | DATE YOU CAN START * MM/DD/YYYY

How did you hear about us? ◯ Referral ◯ Advertisement ◯ Website ◯ Walk in ◯ Other

REFERRAL NAME, OR WHERE YOU SAW US

Have you worked for this company before? * ◯ Yes ◯ No — IF YES, DATES

Do you know anyone who works here? * ◯ Yes ◯ No — IF YES, NAME

Patriot Services Logistics LLC is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Patriot Services Logistics LLC complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Patriot Services Logistics LLC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

4 ELIGIBILITY

Are you authorized to work in the United States?* ◯ Yes ◯ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Patriot Services Logistics LLC will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?* ◯ Yes ◯ No

In the past two years, have you 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 covered by DOT agency drug and alcohol testing rules?* ◯ Yes ◯ No

Question required by 49 CFR 40.25(j).

If yes, can you document successful completion of the DOT return-to-duty process? ◯ Yes ◯ No

5 DRIVER'S LICENSES

Every unexpired commercial motor vehicle operator's license or permit issued to you. 49 CFR 391.21(b)(5). No CDL yet? List your regular driver's license.

ISSUING STATE	LICENSE OR PERMIT NUMBER	CLASS (A, B, C, PERMIT OR REGULAR)	ENDORSEMENTS	EXPIRES (MM/DD/YYYY)

☐ I do not hold a commercial license or permit yet (paid training applicants)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?* ◯ Yes ◯ No

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked?* ◯ Yes ◯ No

IF YES TO EITHER, GIVE THE FACTS AND CIRCUMSTANCES IN DETAIL

6 DRIVING EXPERIENCE

The equipment you have operated. 49 CFR 391.21(b)(6)

CLASS OF EQUIPMENT	TYPE (VAN, FLATBED, POWER ONLY, TANK, ETC.)	FROM (MM/YYYY)	TO (MM/YYYY)	APPROX. TOTAL MILES
Straight truck				
Tractor and semitrailer				
Tractor and two trailers				
Tractor and three trailers				
Truck and full trailer				
Bus				
Other:				

7 ACCIDENT RECORD

Every motor vehicle accident you were involved in during the past 3 years. 49 CFR 391.21(b)(7)

☐ None in the past 3 years

DATE (MM/DD/YYYY)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

8 TRAFFIC CONVICTIONS

Every conviction or forfeited bond or collateral for a motor vehicle law violation in the past 3 years, other than violations involving only parking. 49 CFR 391.21(b)(8)

☐ None in the past 3 years

DATE (MM/DD/YYYY)	LOCATION (CITY, STATE)	CHARGE	PENALTY

9 EMPLOYMENT HISTORY

List every employer you had in the past 3 years, most recent first. If you apply to drive a vehicle that needs a CDL, also list every employer in the 7 years before that for whom you drove a commercial motor vehicle, for 10 years in all. Explain any gaps in Section 10. 49 CFR 391.21(b)(10) and (b)(11).

Notice. The information you provide in this section may be used, and your previous employers will be contacted, to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). 49 CFR 391.21(d).

EMPLOYER 1

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ○ Yes ○ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ○ Yes ○ No

EMPLOYER 2

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ○ Yes ○ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ○ Yes ○ No

EMPLOYER 3

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ◯ Yes ◯ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ◯ Yes ◯ No

EMPLOYER 4

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ◯ Yes ◯ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ◯ Yes ◯ No

EMPLOYER 5

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ◯ Yes ◯ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ◯ Yes ◯ No

EMPLOYER 6

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ◯ Yes ◯ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ◯ Yes ◯ No

EMPLOYER 7

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ◯ Yes ◯ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ◯ Yes ◯ No

EMPLOYER 8

COMPANY NAME | PHONE | YOUR POSITION

STREET ADDRESS | CITY | STATE | ZIP

FROM (MM/YYYY) | TO (MM/YYYY) | SUPERVISOR OR CONTACT NAME | REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed here? ◯ Yes ◯ No

Was your job designated a safety-sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing under 49 CFR Part 40? ◯ Yes ◯ No

10 GAPS AND ADDITIONAL EMPLOYERS

EXPLAIN ANY GAPS IN EMPLOYMENT, OR LIST MORE EMPLOYERS (OR ATTACH A SEPARATE SHEET)

11 YOUR RIGHTS ABOUT PREVIOUS EMPLOYER INFORMATION

49 CFR 391.21(d) and 391.23(i)

If you have had Department of Transportation regulated employment during the preceding three years, you have the following rights regarding the investigative information that will be provided to Patriot Services Logistics LLC under 49 CFR 391.23(d) and (e):

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 previous employer to re-send the corrected information to the prospective employer;
3. 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.

To review the information, send a written request to Patriot Services Logistics LLC at the address on page 1. You may do this at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. We will provide the information within five business days of receiving your request, or of receiving the information from your previous employer if it arrives later. If you have not arranged to pick up or receive the records within 30 days of our making them available, we may consider your request waived. Requests to correct information go to the previous employer that provided it.

12 PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted this form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

13 APPLICANT CERTIFICATION

49 CFR 391.21(b)(12)

> **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.**

DATE* MM/DD/YYYY

APPLICANT'S SIGNATURE* type your full legal name, or print and sign