

DRIVER'S APPLICATION

Cox Logistics LLC

2294 FM250

Lone Star, Texas 75668

Phone: 903-656-0677 Fax: 903-656-0496

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, inquiries 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 Cox Logistics LLC. 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 a 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

DRIVING EXPERIENCE

	Type of Equipment	Years of Experience	Years/Miles Driven
1.			
2.			
3.			

ACCIDENT RECORD (Previous Three Years)

	Accident Date	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

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

IF THE ANSWER TO EITHER QUESTION 1 OR 2 IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?

[] YES [] NO

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

EMERGENCY CONTACT: NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

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: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were
 subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were
 subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were
 subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were
 subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Name of Company: _____ Contact Person: _____
 Phone: _____ Fax: _____
 Address: _____ City: _____ State & Zip _____
 Position Held: _____ From: _____ To: _____
 Type of Trailer: _____ Reason for leaving: _____
 Were you subject to the FMCSR's while employed? Yes No
 Was your job designated as a safety sensitive function in any of the DOT regulated modes that were
 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

*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.

Applicant's Signature

Date

Print Name

Social Security Number

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST

Sec. 40.25 : As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work cover by the DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25 (b)(5) (e))

Prospective/Employee Contractor name: _____

Social Security Number: _____

The prospective contractor is required by Sec. 40.25 (j) to respond to the following questions:

- 1) 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 during the past two years? YES NO

- 2) If you answered yes, can you provide proof that you have successfully completed the DOT return to duty requirements? YES NO

**CONSENT FOR DOT MANDATED
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113... before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNTHOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with _____ ("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.

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 Data Qs 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, 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 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 sign below:

I authorize _____ ("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 authorizing 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.

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 that 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 Data Q 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.

Date: _____

Signature

Name (Please Print)

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.

LAST UPDATED 12/22/2015

Safety Performance History

Printed name of applicant: _____ SSN: _____

Signature of applicant: _____ Date: _____

I hereby authorize my previous employers to release and forward the information requested concerning my alcohol and controlled substances testing and records within the previous three (3) years from the date of this form.

To: Cox Logistics Attn: Tammie Spiker Fax: 903-656-0496

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 via fax, email, or letter.

TO BE COMPLETED BY THE PREVIOUS EMPLOYER:

Driver WAS NOT subject to the DOT's testing while employed. Employment dates: From _____ To _____

Driver WAS subject to the DOT's testing requirements and the following questions apply while the applicant was under employment / contract. In answering these questions, please include and required DOT drug or alcohol testing information obtained from previous employers in the past three years from the date of this form.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of .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 as SAP prescribed rehabilitation program in your employ, including a 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 an SAP rehabilitation program and remained in your employ, has the driver subsequently had an alcohol test result of .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 the SAP information requested.

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Section III Affirmation: This form was completed by:

Name: _____ Title: _____

Company: _____ Signature: _____ Date: _____

Safety Performance History

Printed name of applicant: _____ SSN: _____

Signature of applicant: _____ Date: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Section I - Employment Verification

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

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

Dates of employment: From _____ to _____, as a _____

Section II - Experience

Did the individual named above drive a motor vehicle for your company? Yes No
If yes, what type? Tractor - trailer Straight truck Bus Cargo Tanker Other _____

Section III - Separation Reason

Reason for leaving your employment: Quit Resigned Layoff Terminated Still Employed

Comments regarding the separation: _____

Section IV - Accident history:

This driver was not involved in any accident while employed at this company

This driver was involved in the following accidents in the past three years, or while employed by this company.

DATE	LOCATION	INJURIES	FATALITIES	HAZMAT?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section V - Certification

This form was completed by: Name: _____ Date: _____

Company: _____ Signature: _____

Title: _____

FOR COX LOGISTICS OFFICE USE - This form was Faxed Mailed Emailed Other _____

Date: _____ By: _____

Cox Logistics LLC

ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT

I, the undersigned, certify that I have read and understand Cox Logistics, LLC.'s Statement of Policy on Drug and alcohol Abuse and have received a copy of the policy.

By accepting employment with the company, I also consent to submit to urine, breath, or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the term of this agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

(Employee\Contractor Signature)

(Printed Name)

(Date)

COX LOGISTICS MINIMUM DRIVER QUALIFICATION STANDARDS

- ./ Meet all Federal Motor Carrier Qualifications (which includes, but are not limited to, FMCSR part 391).
- ./ Have a valid Commercial Driver License with proper endorsements in state of residence and have a no current license suspension or revocation. A work permit is never acceptable. (See FMCSR parts 383 and 391).
- ./ No conviction for a "serious or disqualifying traffic violation" within the last three (3) years. (See FMCSR parts 382, 91, 392, and 397). A "serious or disqualifying traffic violation" include the following:
 - > " Excessive speeding, involving any single offense for any speed of 15 M.P.H. or more above the posted speed limit.
 - > " Reckless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property.
 - };- Improper or erratic lane changes.
 - };- Following the vehicle ahead too closely.
 - };- Driving while intoxicated or under the influence or drugs.
 - > " Hit and run, leaving the scene of an accident, or failure to report an accident.
- ./ No more than three (3) moving violations in the past 36 months, and no more than two (2) moving violations in the previous 12 months.
- ./ Have no preventable accident involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within three years.
- ./ A minimum of two (2) years driving experience *preferred* in the operation of the type of vehicle to be operated.
- ./ Must speak, read and write the English language in accordance with FMCSA part 391.11 (b) 2.
- ./ Must be at least 21 years old.

DRIVER APPLICANT MUST BRING THE FOLLOWING IF/WHEN REPORTING FOR ORIENTATION:

CDL Class A
Social Security Card
DOT Medical Cert. Card
DOT Physical Long-form
Chain of Custody- copy of Receipt from the Drug Screen Collection
Cancelled Check for direct deposit
Steel-toed boots