DRIVER EMPLOYMENT APPLICATION

Podium Logistics Express, LLC, 105 Parkway Drive, Suite A Rincon, GA 31326 (912) 826-0007 An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

	APPLICANT INFORMATION									
		MIDDLE NAME				LAST NAME				
		EMAIL								
гн		SOCIALS	ECURITY#							
	POSITION APPLIED FOR									
APPLICATION APPLIED FOR FOR WORK Do you have legal right to work in the United States? YES NO Do you have a TWIC card? YES NO										
Interested in Longhaul or Shorthaul										
PREVIOUS THREE YEARS RESIDENCY										
	Atta	ach addit	ional sheet	if more spo	ace is need	ded				
STREET				CITY				STATE	ZIP CODE	# OF YEARS AT ADDRESS
			ICENSE INE	ORMATIO	N.					
ore than one motor vehicl		le shall a	t any time h	nave more	than one					
ICENSE#		TYPE/CLA	ASS		ENDORSI	EMENTS				EXPIRATION DATE
		P	REVOIUSLY H	HELD LICENS	ES					1
DRIVING EXPERIENCE										
TYPE OF EQUIPMENT (VAI	N, TANK, FLAT, E					DATE FRO	OM	DATE TO		APPROX # OF MILES (TOTAL)
1										
	who operates a commercia ore than one motor vehicle heets if needed. ICENSE # TYPE OF EQUIPMENT (VAI	POSITION APPLIED FOR The legal right to work in the United State a TWIC card? The legal right to work in the United State a TWIC card? In Longhaul or Shorthaul Attach Attach STREET Who operates a commercial motor vehicle ore than one motor vehicle license, the inheets if needed. ICENSE # TYPE OF EQUIPMENT (VAN, TANK, FLAT, E	NAME EMAIL SOCIAL S POSITION APPLIED FOR Re legal right to work in the United States? Re a TWIC card? In Longhaul or Shorthaul PREVIO Attach addit STREET Who operates a commercial motor vehicle shall a ore than one motor vehicle license, the informati heets if needed. ICENSE # TYPE/CL/ TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	POSITION APPLIED FOR The legal right to work in the United States? The a TWIC card? The legal right to work in the United States? The a TWIC card? The legal right to work in the United States? THE PREVIOUS THREE Attach additional sheet STREET LICENSE INF Who operates a commercial motor vehicle shall at any time had one motor vehicle license, the information for which heets if needed. ICENSE # TYPE/CLASS PREVOIUSLY HAD DRIVING ENTRY HAD DRIVEN HAD DRIVING ENTRY HAD DRIVING ENTRY HAD	POSITION APPLIED FOR POSITION APPLIED FOR THE LONG HAND APPLIED FOR THE APPLIE	PREVIOUS THREE YEARS RESIDENCY Attach additional sheet if more space is need STREET LICENSE INFORMATION who operates a commercial motor vehicle shall at any time have more than one ore than one motor vehicle license, the information for which is listed below. Inchests if needed. ICENSE # TYPE/CLASS PREVOIUSLY HELD LICENSES PREVOIUSLY HELD LICENSES DRIVING EXPERIENCE TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	NAME NAME NAME	NAME EMAIL POSITION APPLIED FOR POSITION APPLIED FOR POSITION APPLIED FOR PREVIOUS THREE YEARS RESIDENCY Attach additional sheet if more space is needed STREET CITY LICENSE INFORMATION Who operates a commercial motor vehicle shall at any time have more than one driver's license (4 ore than one motor vehicle license, the information for which is listed below. Include all licenses in heets if needed. ICENSE # TYPE/CLASS ENDORSEMENTS PREVOIUSLY HELD LICENSES DRIVING EXPERIENCE TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) DATE FROM	NAME NAME NAME	NAME NA

OTHER									
			ACCIDENT RECORD	FOR THE	PAST 3 Y	ARS			
		Attach add	ditional sheet if more spo	ace is nee	ded. Check	this box	x if none \square		
DATES (List most recent first)) NATUI	RE OF ACCIDENT (Head-on,	# FATALITIE	S #INJURIES	CHEMICAL SPILLS (Y/N)				
	TR		ND FORFEITURES FOR TH					(IOLATIONS)	
		Attach add	ditional sheet if more spo	ace is nee	ded. Check	this box	x if none \square		
DATE CONVICTE (Month/Ye		VIOLATION STATE OF VIOLATION PENALTY (Forfeited bond, collateral and/or points)							
Has any I	-	mit, or privilege ever	been suspended or re	evoked?			□ Yŧ	S □ NC	
			EMPLOYM	IENT LICT	CORV				
employmo employmo month mu Start with	ent for the ent history ust be explo the last or	last three (3) years. <i>Ir</i> for an additional sevained. current position, inclu	ons (49 CFR 391.21) remained addition, if you have the property of the propert	quire tha e driven tal of ten	at all appli a comme a (10) yea and work	rcial ve r s). Any backwa	hicle previous gaps in empl ards (attach se	ly, you mus oyment in e	t provide excess of one (1)
	•	•	ig address, including s		illber, city	, state,	zip, and comp	iete all othe	
CUKKENI (MOST RECEN	I) EIVIPLUTEK							
NAME					PHO	NE			
ADDRESS				FDO! 4			1.0		
POSITION F	HELD	l .		FROM MO/YR			TO MO/YR		
REASON FO	OR LEAVING						SALAR	Υ	
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While em	☐ YES	□ NO				
Was the mode sul	☐ YES	□ NO				
		U 1 7	· · ·			
SECOND (N	MOST RI	CENT) EMPLOYER				
NAME		·	PHONE			
			PHONE			
ADDRESS		FROM		то		
POSITION H	HELD	MO/YR		MO/YR		
REASON FO	OR LEAV	NG		SALARY		
EXPLAIN AI						
month/yea	•					
While em	nploye	d here, were you subject to the Federal Motor Carrier Safety R	egulations?		\square YES	\square NO
Was the	job de	signated as a safety-sensitive function in any Department of Tr	ransportation-regula	ted		
mode sul	bject t	o alcohol and controlled substances testing as required by 49 C	CFR, part 40?		☐ YES	□ NO
THIRD (MC	OST REC	ENT) EMPLOYER				
NAME			PHONE			
ADDRESS						
		FROM		то		
POSITION F	HELD	MO/YR		MO/YR		
REASON FO				SALARY		
EMPLOYM	ENT (Inc	lude				
month/yea			va avdati a na 2		□ VEC	
while em	npioye	d here, were you subject to the Federal Motor Carrier Safety R	egulations?		☐ YES	□ NO
1	-	signated as a safety-sensitive function in any Department of Tr		ted	□ VEC	
mode sui	bject t	o alcohol and controlled substances testing as required by 49 C	LFR, part 40?		☐ YES	□ NO
PREVIOUS	7 YEAR					
NAME			PHONE			
ADDRESS						
		FROM		ТО		
POSITION F	HELD	MO/YR		MO/YR		
REASON FO				SALARY		
EXPLAIN AI	ENT (Inc	lude				
month/yea	ar & reas	on)				

While employ	yed her	re, w	ere y	ou su	ubjec	t to t	the Fed	deral Moto	or Carrier	Safety	Regulat	tio	ns?				□ Y	ES	□ №
Was the job o	designa	ated	as a	safety	v-sen	sitive	e funct	ion in anv	Departme	ent of	Transpo	orta	ation-reg	ulate	d				
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?										□ Y	ΈS	\square NO							
PREVIOUS 7 YEA	ARS																		
NAME											PHONI	E							
ADDRESS																			
									FROM					т)				
POSITION HELD									MO/Y	R				M	O/YR				
REASON FOR LEA	AVING													S	ALARY				
EXPLAIN ANY GA																			
EMPLOYMENT (I month/year & re	•																		
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?										/ES	□ NO								
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Was the job mode subjec														gulate	d			VEC	□ NO
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Vhile employe	ed here,	, wei	e yo	u sub	ject t	to the	e Fede	ral Motor	Carrier Sa	fety F	egulatio	ns	?				☐ YES]	□ NO
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Vas the job de														ated			☐ YES	. [
node subject to alcohol and controlled substances testing as required by 49 CFR, part 40?									I E3	ا ر	110								

PREVIOUS	7 YEARS								
NIA NAT				DITONI					
NAME				PHONE					
ADDRESS									
			FROM			то			
POSITION F	HELD		MO/YR						
REASON FOR LEAVING SALARY									
EXPLAIN AI									
month/yea	•								
While em	While employed here, were you subject to the Federal Motor Carrier Safety Regulations?								
Was the	ioh desig	nated as a safety-sensitive function in any Dep	artment	of Transpo	rtation-regula	ated			
		alcohol and controlled substances testing as red				itcu		☐ YES	□ NO
				, , , , , ,					
Applicant Name Yes No Within the last three (3) years, have you ever tested positive, or refused to test, on any pre-employment, random or reasonable suspicion drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? If yes, have you successfully completed the return-to-duty process?									
SCHOO	ı	NAME & LOCATION	COLLES	E OF STUDY	YEARS	GPAD	UATE	DETAILS	
SCHOOL	_	IVAIVIL & LOCATION	COURS	בטו זוטטו	COMPLETED	Y	N	DETAILS	
High School	ol								
College									
Other									
OTHER QUALIFICATIONS									
Please li	st any ot	her qualifications that you have and which you			onsidered.				

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature	Date	
Applicant Name (printed)		