

DRIVER'S APPLICATION

☐ Company

☐ Owner/Operator

SandBox Transportation LLC
Spicer Logistics, LLC
Dallas Texas, 75216
469-243-7757

AUTHORIZATION

Sign and Date Below

I hereby authorize the Company upon execution of this consent form, to investigate the information contained in my employment application and any other background information (which may include but is not limited to my creditworthiness, credit standing, motor vehicle reports, credit capacity, criminal background, driving background, character, general reputation, personal characteristics, and mode of living), for the purpose of obtaining information relevant to my qualifications for employment, and unless prohibited by applicable law, my continued employment, retention, promotion, demotion, or any other employment purpose. I understand and agree that the Company or an outside consumer reporting agency may secure a consumer report or an investigative consumer report, as defined in the federal Fair Credit Reporting Act and any applicable state or local laws, from an outside consumer reporting agency. 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 SandBox Transportation, 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 have reviewed and understand all terms in the Disclosure section. 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 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 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.

 **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	
STREET ADDRESS	NO.	CITY
STATE	ZIP	
HOME PHONE	ALT. PHONE	
SOCIAL SECURITY	DATE OF BIRTH	
LICENSE NO.	STATE	EXPIRATION DATE
		CLASS

EMAIL ADDRESS: _____

DRIVING EXPERIENCE

Type of Equipment

Years of Experience

Years/Miles Driven

1. _____

2. _____

3. _____

ACCIDENT RECORD

Accident Dates

(Previous Three Years)

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

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

☐ YES☐ NO

B. Has any license, permit or privilege ever been suspended or revoked?

☐ YES☐ NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

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

☐ YES☐ NO

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

EMERGENCY CONTACT: _____ PHONE: _____

Name

RELATIONSHIP: _____

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: _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving _____ Type of Trailer: _____

Were you subject to the FMCSRs while employed? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer:

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving _____ Type of Trailer: _____

Were you subject to the FMCSRs while employed? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer:

Name of Company: _____

Contact Person: _____ Phone: _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving _____ Type of Trailer: _____

Were you subject to the FMCSRs while employed? Yes ☐ No ☐

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer:

Name of Company: _____

Contact Person: _____ **Phone:** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving _____ **Type of Trailer:** _____

Were you subject to the FMCSRs† while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes ☐ No ☐

Employer:

Name of Company: _____

Contact Person: _____ **Phone:** _____

Address: _____ **City** _____ **State & Zip** _____

Position Held: _____ **From** _____ **To** _____

Reason for Leaving _____ **Type of Trailer:** _____

Were you subject to the FMCSRs† while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode 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.

Do you have any family members working for Sandbox Logistics or U.S. Silica Organization?

Circle One: Yes No

If yes, who? _____ **Relationship** _____

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.

 **Signature** _____ **Date** _____