

APPLICATION FOR EMPLOYMENT

COMPANY Skyline National Inc STREET ADDRESS 646 Fox Hunt Cir.
 CITY, STATE AND ZIP CODE Longwood, FL 32750

NAME _____
(FIRST) (MIDDLE) (MaidenName, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY# _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS
 _____ # YEARS
(STREET) (CITY) (STATE & ZIP CODE)
 _____ # YEARS
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE 15 NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE 15 NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES, NO
 If yes explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES, NO
 If yes explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECONDLAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"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 current/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."

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

RELEASE AUTHORIZATION
DOT DRUG AND ALCOHOL TESTING INFORMATION AND
FMCSA SAFETY PERFORMANCE INFORMATION

SECTION I: To be completed by the employee.

Name: _____ Social Security No.: _____

This release is in accordance with DOT regulation 49 CFR Parts 40, 382, and 391. I hereby authorize release of FMCSA-regulated safety performance records, as well as the following information concerning DOT drug and alcohol testing violations including pre- employment tests during the past three years: **(1) alcohol** tests with a result of 0.04 or higher alcohol concentration; (2) verified positive drug tests; (3) refusals to be tested; (4) other violations of DOT agency drug and alcohol testing regulations; (5) documentation, if any, of completion of the return -to-duty process following a rule violation; (6) information obtained from previous employers of a drug and alcohol rule violation.

Previous Employer: _____

Address: _____

Phone: _____

To the requesting employer /individual, and its agent, Skyline National Inc.:

New Employer: _____

Address: _____ City, State, Zip: _____

Phone: _____

Employee Signature

Date

SECTION II: To be completed by previous employer and sent to Skyline National Inc. via fax to 877-975-9628 or email to daniela@skyline-national.com, along with the general employment verification information.

CONTROLLED SUBSTANCES AND ALCOHOL TESTING INFORMATION

In the previous **two years**, in regards to DOT-regulated testing:

- | | | |
|--|-------|------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | D No | D Yes |
| 2. Did the employee have any verified positive drug tests? | D No | D Yes |
| 3. Did the employee refuse to be tested? | D No | D Yes |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations ? | D No | D Yes |
| 5. Did a previous employer report a drug and alcohol rule violation to you?
<i>If yes, please provide the previous employer's report along with this form.</i> | D No | D Yes |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?
<i>If yes, please provide appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).</i> | D N/A | D No D Yes |
| 7. Did the driver violate the alcohol and controlled substances prohibitions under subpart B of § 382? | D No | D Yes |
| 8. Did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § 382.605 or 49 CFR part 40, subpart O? | D N/A | D No D Yes |

9. For a driver who successfully completed a SAP's rehabilitation referral and remained in the employ of the referring employer, did the driver have any of the following testing violations subsequent to completion of a §382.605 or 49 CFR part 40, subpart O SAP referral:

- a. Alcohol tests with a result of 0.04 or higher alcohol concentration? N/A No Yes
- b. Verified positive drug tests? N/A No Yes
- c. Refusals to test (including verified adulterated or substituted drug testresults)? N/A No Yes

SAFETY PRFORMANE HISTORY

In the previous **three years**, has the driver had any accidents as defined by § 390.5 of DOT reb'lliations '! No Yes

If yes, please attach all information as required by §390.15 (b)(J), as well as information on accidents you may wish to provide pursuant to §390.15 (b)(2) or your internal company policies.

Name or person providing
inronnator1 in Sections II: _____ Phone: _____

Title: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **Skyline National, Inc.** for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Request for driving records will be processed multiple times during employment, this is understood by the undersigned applicant/driver.

Applicant's Signature

Date

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208) I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Requestor's Signature
(Skyline National, Inc.)

Date

To Whom It May Concern:

The following named person **has made application** with our company for the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person **is employed** with our company in the position of _____
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past three years.

*****PLEASE PRINT CLEARLY*****

Name of Applicant/Driver: _____ Date of Birth: _____

License #: _____ Issuing State: _____ **SSN**: _____

Married (Y or N): ___ Years Experience Driving Similar Equipment: _____

Requested By: _____ at **Skyline National, Inc.**