



Requirements for New Owner Operators

Name: _____

Truck Type: Tractor 1-Ton Stake-bed Other: _____

Year: _____ Make: _____ Model: _____

Date of last annual inspection: _____

Trailer Type: Flatbed Gooseneck Step-deck Other: _____

Year: _____ Make: _____

Date of last annual inspection: _____

Truck Registration/ Title Application Receipt

Insurance

Lease Agreement

2290 (Only If Tractor)

Copy of DOT inspection on truck

Required for Apportioned Plates

Trailer Registration

Copy of DOT inspection on trailer

W-9

Insurance Cab Card

Apportioned Plates

IFTA Stickers / IFTA Registration

Decals



8601 FAIRBANKS N HOUSTON RD. HOUSTON, TX 77064

DRIVER APPLICATION

Please print in ink. All questions must be answered.

DATE OF APPLICATION: _____ / _____ / _____

Have you ever worked for Essential Logistics LLC? Yes No If yes, when? _____

PERSONAL INFORMATION:

Name: First _____ M.I. _____ Last: _____

Social Security #: _____ Date of Birth: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail address: _____

Current Address: _____ Street _____ City _____ State _____ ZIP _____ How Long? _____

Past 3 Year Residency _____ Street _____ City _____ State _____ ZIP _____ How Long? _____

_____ Street _____ City _____ State _____ ZIP _____ How Long? _____

Do you have a current DOT physical? Yes No If yes, DOT Physical Expiration Date: _____

Do you have a valid TWIC card? Yes No If yes, TWIC Expiration Date: _____

CAREFULLY READ AND ANSWER

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

Has your driver's license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of or are any charges pending for operating a motor vehicle while under the influence of alcohol or a controlled substance, including reduction to a lesser charge? Yes No

If you answered yes to any of the above, give details: _____

THE PROSPECTIVE EMPLOYEE/CONTRACTOR IS REQUIRED BY §40.25(j) TO RESPOND TO THE FOLLOWING QUESTIONS.

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 three years? Yes No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? Yes No

MOTOR VEHICLE LICENSES

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."

Do you currently have more than one driver's license? Yes No

List all driver license numbers assigned to you in the past 3 years

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CONVICTIONS (if none, write none)

List all tickets and forfeitures for the past 3 years in any motor vehicle (other than parking violations)

DATE	STATE LOCATION	VIOLATION (if speeding, show rate over)	PENALTY/AMOUNT OF FINE

CRASH RECORD (if none, write none)

List all crash involvements with any vehicle for the past 5 years (even if not at fault):

DATE	STATE LOCATION	NATURE OF ACCIDENT	WERE YOU AT FAULT	NUMBER OF INJURIES	NUMBER OF FATALITIES

EMPLOYMENT RECORD Begin with your present or most recent job and work backwards, in order. The US Department of Transportation requires that the driver applicants show all employers/lessors for the past three years. Applicants whom have driven a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information for those employers/lessors for whom the applicant operated such vehicle. Account for any gaps in employment.

NOTE: The Federal Motor Carrier Safety Regulations 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.

CURRENT (last) EMPLOYER/LESSOR: From (month/year) _____ To (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor(SEE NOTE)? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 2: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 3: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 4: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 5: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

EMPLOYER/LESSOR 6: From: (month/year) _____ To: (month/year) _____

Company Name _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

Position Held _____ Reason for Leaving _____

Truck Type: Semi Straight Other _____ Number of States Driven _____ Number of Accidents _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? Yes No

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes No

CAREFULLY READ AND SIGN BELOW BEFORE SUBMITTING APPLICATION.

- I authorize Essential Logistics LLC 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 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.
- I authorize Essential Logistics LLC to obtain a copy of my Motor Vehicle Report pursuant to FMCSR 391.23 requirements.
- I understand that information I provide regarding current and/or previous employers/lessors may be used, and those employers or lessors will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:
 - I. Review information provided by previous employers/lessors
 - II. Have errors in the information corrected by previous employers/lessors and for those previous employers/lessors to re-send corrected information to the prospective Carrier
 - III. Have a rebuttal statement attached to alleged erroneous information, if the previous employer/lessor and I cannot agree on the accuracy of the information
- I attest that this application was completed by me and that all information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination of my employment/OO Lease Agreement, should one exist.

Applicant Signature: _____ Date: _____

AUTHORIZATION AND DISCLOSURE STATEMENT

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 purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations. Driving records will be obtained at least every 12 months

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with Essential Logistics LLC ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Essential Logistics LLC ("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 consenting to 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.

3. 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 I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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: _____

Name: _____
(Please Print)

Signature: _____



BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

ESSENTIAL LOGISTICS, LLC (the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

Signature: _____ **Date:** _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last) _____
Maiden/AKA/Previous Name(s)

_____-_____-_____
Social Security Number (SSN)

_____/_____/_____
Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

Driver's License Number _____
State of Issue

Current Address

City State ZIP/Postal Code

(_____) _____
Phone Number _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357