

**LEWIS TRUCK LINES, INC.
PO DRAWER 1697
CONWAY, SC 29528**

DRIVER QUALIFICATION PROPOSAL

Driver Name _____ Date _____

TO BE READ AND SIGNED BY DRIVER

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. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with this proposal.

I understand that false or misleading information given in my proposal or interview 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:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective carrier;
3. 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 _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

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

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| EMPLOYER | | | DATE | | | |
|---|---------------|-----|--------------------|-----|--|--|
| NAME | FROM MO. | YR. | TO MO. | YR. | | |
| ADDRESS | POSITION HELD | | | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | | | |
|---|-------|-----|---------------|-----|--------------------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|---------------|-----|--------------------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|---------------|-----|--------------------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|---------------|-----|--------------------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

| EMPLOYER | | | DATE | | | |
|---|-------|-----|---------------|-----|--------------------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | | | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|---------------------|--|------------|----------|-----------------------------|
| LAST ACCIDENT _____ | | | | |
| NEXT PREVIOUS _____ | | | | |
| NEXT PREVIOUS _____ | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

- 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 _____

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---|--------------------------------|------------|----------|---------------------------------|
| | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small> | --- | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small> | --- | | | |
| OTHER _____ | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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: _____

PREVIOUS PRE-EMPLOYMENT DRIVER ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25 (j) As the Carrier, you must also ask the driver 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 covered by DOT agency drug and alcohol testing rules during the past two years. If the driver admits that he or she had a positive test or refusal to test, you must not use the driver to perform safety-sensitive functions for you, until the driver documents successful completion of the return-to-duty process. (see 40.25 (b) (5) and)e)

Prospective Driver Name (Print) _____

SS# _____

The prospective driver 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?

Check one _____ Yes _____ No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one _____ Yes _____ No

I certify that the information provided on this document is true and correct.

Prospective Driver Signature _____ Date _____

Witness: _____ Date _____

LEWIS TRUCK LINES, INC.
P.O. DRAWER 1697
CONWAY, SC 29528
843-248-5984
SAFETY DEPARTMENT

REQUEST FOR SAFETY PERFORMANCE HISTORY FROM PREVIOUS EMPLOYER

TO: _____

Release from Prospective Employee:

I hereby authorize you to release the following information to LEWIS TRUCK LINES, INC., for the purpose of investigation as required by sections 391.23 and 382.413 of the Motor Carrier Safety Regulations. You are released from any liability, which may result from furnishing such information.

*

 Date Signature of Employee

Part 391-23

APPLICANTS NAME: _____ SS# _____

1. Please indicate dates of employment with your company _____
2. What was his/her job classification? _____ Comp.Driver _____ Owner/Op _____ Laborer
Other _____
3. Equipment used: _____ Tractor-trailer _____ Flatbed _____ Straight-truck _____ Refrig _____ Van
Other _____
4. Material hauled: _____ Coils _____ Lumber _____ Flat Steel _____ Other _____
5. Reason for leaving your employ? _____ Resigned _____ Discharged _____ Lay-off
6. Would you re-hire this applicant? _____ Yes _____ No _____ Upon review. If no, explain:

7. Accidents:

| Date: | Location | No. of Inj | No. of fatalities | Hazmat Material Spill |
|-------|----------|------------|-------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Under DOT drug and alcohol testing requirements for the past 3 years:

1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if no, skip this section) Y or N
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration Y or N
3. This person tested positive or adulterated or substituted a test specimen for controlled substances Y or N
4. This person refused to submit to a post-accident, random, reasonable suspicion, or followup alcohol or controlled substance test Y or N
5. This person committed other violations of Subpart B of Part 382, or Part 40 Y or N
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed Y or N
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test or refused to be tested. Y or N

 Name and title of person furnishing information Date