

APPLICATION FOR QUALIFICATION

Company: Wynne Transport Service Inc.

Address: 2222 N 11th ST City: Omaha STATE: NE Zip Code: 68110

Wynne Transport Service Inc. provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

The purpose of this application is to determine whether the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

How did you hear about Wynne Transport? _____

Instructions to Applicant

Please answer all questions. If the answer to any questions is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for: Check one: Company Driver Contractor Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Email Address _____

*Age _____ Date of Birth _____ Social Security Number _____

*The age Discrimination of the Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Are you legally eligible for employment in this country? Yes No

(Proof of citizenship or immigration status is required upon employment)

Physical Exam Expiration Date: _____

Current and Three Years Previous Addresses:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you ever worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post – Graduate: 1 2 3 4

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in-any DOT-Regulated mode subject to the drugs and alcohol testing requirements of the 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in-any DOT-Regulated mode subject to the drugs and alcohol testing requirements of the 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in-any DOT-Regulated mode subject to the drugs and alcohol testing requirements of the 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in-any DOT-Regulated mode subject to the drugs and alcohol testing requirements of the 49 CFR Part 40? Yes No

Mo/Yr From _____ To _____ Present or Last Employer: Name _____

Position Held _____ Address _____ (Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (_____)

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in-any DOT-Regulated mode subject to the drugs and alcohol testing requirements of the 49 CFR Part 40? Yes No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

Class of Equipment	Dates From	Dates To	Approximate Number of Miles (Total)
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three years (attach sheet if more space is needed)

Date of accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeiture for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Drivers License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... Yes No
- D. Have you ever been convicted of a felony? Yes No

If the answers to A, B, C, or D is "Yes", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier on his agents may investigate the applicant's background to applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told character general reputation, and personal characteristics, and mode of living.

I agreed to furnish such additional information and complete such examinations as may be required to complete me application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired I may be on a probationary period during which time I may be disqualified without recourse.

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.

Applicant Signature _____ **Date** _____

Remarks (For Office use only)

Rights Pertaining to Release of Information Under Regulation 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each associate, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971. - (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and - (a)(2) An investigation of the driver's employment record during the preceding three years. - (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the associate begins and must be retained in the compliance with 391.51. - (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the associate begins. This goes into effect after October 29, 2004. - (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the application, and any accidents the previous employer may wish to provide. - (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40. Drivers have the following rights: 1. The right to review information provided by previous employers. 2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective motor carrier. 3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree on the accuracy of the information. Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective motor carrier when applying or as late as 30 days after being hired or being notified of denial of hiring. The prospective motor carrier must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective motor carrier making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records. Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of the document

Driver's Signature: _____ Date: _____
Driver Name (printed): _____

Driver Applicant Drug and Alcohol Pre-Qualification Statement

CFR Part 40.25(j) requires the motor carrier to ask any applicant, 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 associate applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past three years. If the potential associate admits that he or she had a positive test or refusal to test, we must use the associate to perform safety-sensitive functions, until and unless the potential associate provides documentation of successful completion of the return-to-duty process. (See section 40.25(b) and (e)).

Applicant Name: _____ ID Number: _____
(Please Print)

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 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 three years?
Yes No
- 2) If you answered yes, to the above question, can you provide proof that you've successfully completed the DOT return-to-duty requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

Applicant Release Agreement

I understand and agree the Wynne Transport Service, Inc., hereafter referred to as "the Company", reserve the right to use substance tests 1) pre-hire, 2) random, 3) reasonable cause, and 4) post-accident according to the Federal Regulations or Company policy. I understand that the information in the Application for Qualification will be used and that past or present employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carriers Safety Regulations. I also understand and agree that the Company or its Agents may investigate my background to ascertain all information of concern to my record, whether that information is of record or not, and I release all former employers and persons names in the Employment History section of the application from all liability for any damage by the release of such information. I further understand that as a result of the completion of the application, the Company or its Agents may examine my criminal record. I hereby authorize the Company or its designated Agents to make any lawful examination of my criminal record. I understand that at any time in the future, whether actively employed by the Company or not, that upon the request of any party or and suety, the Company may furnish reports and information relative to my record and services with the Company. I agree that this information may be furnished without any liability or damages on behalf of the Company. As a part of the pre-qualification process a medical examination, including substance screening, will be required after a conditional offer of qualification. I further agree to provide access to previous medical records if necessary. Withholding, omitting or falsifying any information used in the consideration of my application me result in the rejection of my application or termination. I agree to furnish any additional information and complete any comprehensive physical examination that may be required to complete my application. I understand and agree that the application in no way obligates the company to qualify me. I consent to the procurement and use of any consumer reports, including but not limited to DAC Services, Inc., deemed necessary by the Company or its subsidiaries in their consideration of my qualification. I understand and will comply with the guidelines set forth in the company's policies, rules, regulations, and procedures, which shall be amended from time to time. I also agree that my qualification and compensation can be terminated with or without cause and without notice and liability whatsoever, at any time, at the option of either the Company or myself.

I have read and I understand all of the terms in this Agreement.

Date: _____ Applicants Signature: _____ SS#: _____

Important Notice Regarding Background Reports for the PSP Online Services

In connection with your application for qualification with WYNNE TRANSPORT SERVICE ("Prospective Motor Carrier"), Prospective Motor Carrier, its associates, 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 qualification is submitted in person, if the Prospective Motor Carrier uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse qualification decision regarding you, the Prospective Motor Carrier 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 Motor Carrier 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 qualification is submitted by mail, telephone, computer, or other similar means, if the Prospective Motor Carrier uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse qualification decision regarding you, the Prospective Motor Carrier 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 Motor Carrier who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Motor Carrier must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Motor Carrier nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. 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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Motor Carrier cannot obtain background reports from FMCSA without your authorization. AUTHORIZATION If you agree that the Prospective Motor Carrier may obtain such background reports, please read the following and sign below: I authorize WYNNE TRANSPORT ("Prospective Motor Carrier") to access the FMCSA Pre-Qualification 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 authorizing 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 Motor Carrier to make a determination regarding my suitability as an associate. I further understand that neither the Prospective Motor Carrier 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 challenge 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. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Motor Carrier and I understand that if I sign this Disclosure and Authorization, Prospective Motor Carrier may obtain a report of my crash and inspection history. I hereby authorize Prospective Motor Carrier and its associates, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: _____

Date: _____

Name: _____

SS#: _____

(Please Print)

DAC Online: DOT D/A Disclosure and Authorization

PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR QUALIFICATION PURPOSES - 49 CFR PART 391.23. DOT DRUG AND ALCOHOL TESTING In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above ("Customer"). I understand that information/documents released pursuant to this Part I is limited to the following DOT regulated testing items, including pre-qualification testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation of completion of the return-to-duty process following a rule violation. If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

Signature

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Customer.

Signature: _____ Date: _____

Name: _____ SS#: _____

(Please Print)