

DRIVER'S APPLICATION FOR EMPLOYMENT

Southern Freight, Inc.
99 University Avenue, SW
Atlanta, GA 30315
404-479-5811 (phone) ♦ 404-479-5793 (fax)

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application _____

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 Phone How Long?
State Zip Code

Previous Address _____ How Long?
Street City State & Zip Code
Street City State & Zip Code How Long?
Street City State & Zip Code How Long?
Street City State & Zip Code

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 posted or attached job description)? _____
Explain, if you wish: _____

Employment History

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

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To _____ 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 drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Mo/Yr Mo/Yr Present or Last Employer:
From: _____ To _____ 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 drug and alcohol testing requirements of 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 or more passengers, or (3) is of any size, 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 |
|---------------|--|------------|----------|
| 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)

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)

EXPERIENCE AND QUALIFICATIONS - DRIVER

| 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
- C. Have you tested positive or refused to test on any drug or alcohol test administered by an employer covered by DOT? Yes No

IF THE ANSWER TO EITHER A, B OR C IS YES, ENCLOSE DETAILS ON LAST PAGE.

DRIVING EXPERIENCE IF NONE, WRITE NONE

| 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 | | | | |
| MOTORCOACH - SCHOOL BUS | | | | |
| 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? _____



**SOUTHERN FREIGHT, INC.
RELEASE FOR BACKGROUND REPORTS**

In connection with your application for employment, Southern Freight may obtain one or more reports regarding your credit, driving record, criminal background record, crash data and/or 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, as well as any reference-related information including my job qualifications, experience, skills and abilities. I also authorize the release of any information concerning drug and alcohol testing results including failures, and/or refusals to take such tests, **as per 49 CFR, Parts 40, 382 and 391.**

I give Southern Freight, Inc. the right to investigate all references and to secure additional information about me, if job related. If Southern Freight uses any information it obtains from a background report in a decision to not hire you or to make any adverse employment decision, you will be provided with a copy of the report.

I release from liability the Company and its representatives for seeking such information and all other persons, organizations or corporations for furnishing such information. A copy of this page serves as my authorization to seek and/or provide this information.

I give my consent and release from liability the Company and its representatives for responding to any inquiries made about me as part of a reference check by any potential or subsequent employer if I leave the Company.

As a condition of employment, I will be required to undergo pre employment substance abuse screening tests at the expense of the Company and that any offer of employment is conditional upon the successful completion of these tests. I agree to furnish additional information and undergo additional tests as required by the Company or D.O.T. Regulations. I release Southern Freight, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests, including but not limited to the testing procedures, the analysis of the disclosure or the test results.

I understand and agree than any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application would be sufficient cause for cancellation of this application and/or separation from the Company if employed.

I understand that I am free to resign and/or cancel my employment and/or contract at anytime for any reason and the Company reserves the right to terminate my employment and/or contract at anytime for any reason. I understand that no Company representative has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship be an at-will relationship and not for a specific period of time.

I have carefully read the above information. I understand and accept the contents thereof.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

See attached verification sheet

99 UNIVERSITY AVENUE S.W. • ATLANTA, GEORGIA 30315 • (404) 479-5811 • FAX (404) 688-5511