



FMX, Inc.
2175 Commonwealth Ave.
Jacksonville, FL 32209
Phone #: 904-598-2683 Fax #: 904-598-2627
Email: Safety@fmxtruck.com

Driver Application

I am applying for the following location:

☐ Jacksonville ☐ Winter Haven ☐ Tampa

I own the truck that I will be driving ☐ Yes ☐ No

I will be driving for someone else ☐ Yes ☐ No

Driver only fills out entire application except the Contractor/Owner fills out pages 17-20

Personal Information: Please Print

Date of Application: _____

First name: _____ Middle Initial: _____ Last Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Number of years at this current address: _____

If at this address for less than 3 years, please provide all addresses during the last 3 years:

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone Number: _____ Cell Phone Number: _____

Cell Phone Provider: (example: Team Mobile, ATT, Verizon, Metro) _____

Email Address: _____ Fax #: _____

Current CDL Number: _____ State _____ Exp Date _____ Restrictions _____

Endorsements: ☐ X- Haz/Tank ☐ H- Haz ☐ N- Tank ☐ T-Double/Triple ☐ P- Pass ☐ None

Social Security #: _____ Date of Birth: _____

Medical Card Expiration date: _____ Date Available: _____

Do You have a hazmat Endorsement ☐ Yes ☐ No

Do you have a TWIC Card ☐ Yes ☐ No

Were you referred by a current FMX driver?

☐ Yes

☐ No

Driver Name: _____

Truck # _____

Did You attend Driving School? If so, please complete below:				
Date	Name of School		City, State	

Driver License: List any licenses held in the last 3 years				
List any licenses held in the last 3 years	State	License Number	Class	Endorsements

- ☐ Yes ☐ No Under FMCSA 391.15, are you currently disqualified from driving a Commercial Motor Vehicle?
☐ Yes ☐ No Have you ever been denied a license, permit or privilege to operate a Commercial Motor vehicle?
☐ Yes ☐ No Has any license, permit or privilege ever been suspended, cancelled or revoked? 391.21(b)(9)?

If yes, Please state the reason: _____

- ☐ Yes ☐ No Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
☐ Yes ☐ No Have you ever been convicted or been on probation for DWI or DUI?

In the past three (3) years, have you been convicted of any of the following offenses? (49 CFR 391.15)

- ☐ Yes ☐ No Driving a Commercial Motor Vehicle with a blood alcohol concentration ("BAC") of 0.4 percent or more
☐ Yes ☐ No Driving under the influence of alcohol, as prescribed by state law
☐ Yes ☐ No Refusal to undergo drug and alcohol testing as required by
☐ Yes ☐ No Driving a CMV under the influence of any Schedule I controlled substance, (amphetamine, narcotic. Etc)
☐ Yes ☐ No Transportation, possession, or unlawful use of a Schedule I controlled substance while you were on duty driving for a motor carrier
☐ Yes ☐ No Leaving the scene of an accident while operating a CMV
☐ Yes ☐ No Any other felony involving the use of a commercial motor vehicle

Traffic Convictions & Forfeitures for the past 5 years – This will be verified by your MVR					
Date	Charge	Citation Received?	CMV	Personal Car	

Accident and/or Property Damage record for the Last 5 Years (even if you were not at fault)					
Date	Preventable? Yes/No	# Fatalities	# Injuries	Citation Received Yes/No	Nature of Accident (head-on, Rear-end, Overturn, Struck Stationary Object)

Driving Experience			
Type Equipment	Approx. # of miles (total)	Date From:	Date to:
Dry Van			
Tanker			
Intermodal Containers			
Flat Bed			
Straight Truck			
Car Hauler			
Schoolbus			
Motor Coach			

Criminal Record

☐ Yes ☐ No Have you ever been convicted of a crime?

If yes, please specify: _____

Pre-Employment Urinalysis Consent Agreement

The Federal Motor Carrier Safety Regulations Title 40 United States Code of Federal Regulations, Section 391.103 Pre-Employment testing requirement applies to driver-applicants of this company.

391.103 Pre-Employment testing requirements

1. A motor carrier shall require a driver-applicant who the motor carrier intends to use to be tested for the use of controlled substances as a prequalification condition.
2. A driver-applicant shall submit to controlled substance testing as a prequalification condition.
3. Prior to collection of a urine sample under 391.107 of this subpart, a driver-applicant shall be notified that a sample will be tested for the presence of controlled substances.

1. As a condition of my Contractor/Driver Lease application, I consent to the urine sample collection and controlled substance testing.
2. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.
3. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.
4. My written authorization is required for the urinalysis test results to be given to other parties.
5. I have read and understand the above conditions for the pre-employment urinalysis consent agreement.
6. I also agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulations and this Company's policies:
 - Pre-Employment, to determine employment eligibility
 - Random
 - Reasonable Suspicion
 - Post Accident
 - Follow Up (See Company Policy)
 - Return to Duty (See Company Policy)

Name: _____ Date: _____

Signature _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

7. Within the last two (2) years, have you ever 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? ☐ YES ☐ NO
8. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?
☐ YES ☐ NO
9. If you answered YES to either 1 or 2, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? ☐ YES ☐ NO

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? ☐ YES ☐ NO

Orientation is required.

1. Are you willing to travel to Jacksonville at your own expense to attend orientation?
☐ YES ☐ NO
2. I understand that trucks 2000 or newer are required to be brought to orientation for ELD installation.
☐ YES ☐ NO
3. I understand that FMX may or may not have a load that I can return home with after orientation.
☐ YES ☐ NO

10 year Employment / Lessee History

Current or most recent former employer / Lessee

May we contact this employer prior to ? ☐ YES ☐ NO

Company Name/Lessee:			
<small>(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)</small>			
Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

2nd Prior employer / Lessee

Company Name/Lessee:			
<small>(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)</small>			
Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

3rd Prior employer / Lessee

Company Name/Lessee:			
(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)			
Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

4th Prior employer / Lessee

Company Name/Lessee:			
(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)			
Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

5th Prior employer / Lessee

Company Name/Lessee:

(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)

Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

6th Prior employer / Lessee

Company Name/Lessee:

(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)

Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

7th Prior employer / Lessee

Company Name/Lessee:

(if you were a driver for an independent contractor – please list here the company where they had their truck leased and with whom you pulled freight)

Start Date (mo/yr)		End Date (mo/yr)	
Address	City	State	Zip
Business Phone (Required)		Business Fax	
Contact person	DOT # (if Known)	MC # (if Known)	
Reason for Leaving			
Were you discharged? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Held <input type="checkbox"/> owner operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver for Independent Contractor			
<input type="checkbox"/> Other (please specify)			
Type of Equipment Operated:			
Did you operate a Commercial motor Vehicle while here?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to the Federal Motor Carrier Safety Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here were you subject to Drug and Alcohol Testing			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you complete log book forms while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you use an ELD while driving for this employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Please use an additional sheet of paper to list and submit other employers if there were more than 7 employers during the past 10 years.

Affidavit of Gap in Employment or Lease

First gap in employment or lease

From: _____ mo / _____ Yr To: _____ mo / _____ Yr

- ☐ I was unemployed without compensation
- ☐ I was attending School: School Name _____
- ☐ I was self-employed or employed by an individual: Employer name: _____
- ☐ Other Reason: Specify: _____

Second gap in employment or lease

From: _____ mo / _____ Yr To: _____ mo / _____ Yr

- ☐ I was unemployed without compensation
- ☐ I was attending School: School Name _____
- ☐ I was self-employed or employed by an individual: Employer name: _____
- ☐ Other Reason: Specify: _____

Third gap in employment or lease

From: _____ mo / _____ Yr To: _____ mo / _____ Yr

- ☐ I was unemployed without compensation
- ☐ I was attending School: School Name _____
- ☐ I was self-employed or employed by an individual: Employer name: _____
- ☐ Other Reason: Specify: _____

NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

Signature: _____

Date: _____

Required Documents for Driver include:

please scan and email to safety@fmxtruck.com or fax to 904-598-2627

Clear Legible copy of your CDL license	For Orientation, You must bring a copy of your last 7 days logs.
Copy of your social security Card	Copies of Port Passes and/or TWIC cards if applicable
Copy of your Employer Identification Number if applicable	Copy of a voided check for direct deposit set-up
Copy of your medical card (Note: Your medical card expiration date MUST be shown on your MVR.	

Fair Credit Reporting Act

FAIR CREDIT REPORT 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. Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.

Print Name:	Social Security #:
Signature:	Date:

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escriba 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.

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS

FROM THE PSP Online Service

In connection with your application for employment with **FMX, Inc.** ("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.

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. 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 Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below: I authorize **FMX, Inc.** ("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 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 Employer to make a determination regarding my suitability as an employee.

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 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 Employer and I understand that if I sign this Disclosure and Authorization, 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.

Signature: _____ Date: _____

Name: (please Print) _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5. LAST UPDATED 12/22/2015

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers.

Your Right to Know:

1. You have the right to review information provided by previous employers.
2. You have 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 prospective employers.
3. You have 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.
4. Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information to the applicant within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received by the prospective employer. If you have not arranged to pick up or receive the requested records within 30 days of prospective employer making them available, the prospective employer may consider you to have waived your request to review the record.

Your Right to Dispute:

1. Drivers wishing to request correction of erroneous information in records received from previous employers of this section just send the request for the correction to the previous employer that provided the records to the prospective employer.
2. The previous employer must either correct and forward the corrected information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
3. Drivers wishing to rebut information in the records received from the previous employer must send the rebuttal to the previous employer requesting that it be included in the Driver's Safety performance history
4. Driver may submit a rebuttal initially without a request for correction or after requesting correction

Signature: _____ Date: _____

Name: (please Print) _____

TO BE READ AND SIGNED BY CONTRACTOR/DRIVER

Consumer Disclosure and Authorization Form Regarding Background Investigation

FMX, Inc. may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as background reports). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the company, throughout your employment or your contract period.

HireRight LLC, or another consumer reporting agency, will prepare or assemble the background reports for FMX, Inc. HireRight LLC is located and can be contacted by mail at 3349 Michelson Dr., Suite 150, Irvine, CA 92612, and HireRight can be contacted by phone at 800-400-2761. Information about HireRight's privacy practices is available at www.hireright.com/privacy-policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to; social security number verifications, address history, credit reports and history, criminal records and history, public court records, driving records, accident history, worker's compensation claims, bankruptcy filings, educational history verifications (e.g. dates of attendance, degrees obtained), employment history verifications (e.g. dates of employment, salary information, reasons for termination, etc), personal and professional references, professional licensing and certification checks, drug/alcohol testing results and drug/alcohol history in violation of law and/or company policy, and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses, educational institutions, former employers, personal interviews with sources such as neighbors, friends and associates, and other information sources. If FMX, Inc. should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the company.

Printed Name: _____

Signature: _____

Date: _____



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:

Company Name: FMX, Inc

Company Contact Name: Bret Hoover /Gwen Hardy

Fax #: (904) 598 - 2627

HireRight Account Code: FMXI

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, 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. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/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) any 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**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer

FMX Inc., 2175 Commonwealth Ave., Jacksonville, Fl. 32209. Phone 904-598-2683, Fax 904-598-2627
Email safety@fmxtruck.com

_____ 1st Request Date _____ 2nd Request Date _____ 3rd and Final Request Date

Applicant Name: _____ Soc. Sec: _____

Applicant Signature _____ Date: _____

Employer Name: _____ Attn: _____

Phone _____ Fax _____ DOT # _____

You are hereby authorized to provide FMX, Inc., all information regarding my services, character and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order for FMX, Inc. to comply with the requirements of Section 391.23 of the Federal Motor Carrier Safety Regulations and the regulations of 49 CFR., Sections 382.405, 382.3413 and 391.89, I do hereby consent FMX, Inc. to obtain from my prior employers the information pertaining to me. I hereby authorize and direct my prior employers to release such information to FMX, Inc. via personal interviews, telephone interviews, or any other material that ensures confidentiality.

I also authorize the release of all my alcohol and drug test results, including any refusals to test, as set forth in 49 CFR, Part 40.25, Part 382.405, Part 391.23 to FMX, Inc.

The above driver states that he was employed/leased by you for the following dates:

_____ to _____

Are these dates correct? ☐ YES ☐ NO

If No, Please provide actual dates: _____

Type of Work:

- ☐ Owner Operator
- ☐ Driver for O/O
- ☐ Company Driver
- ☐ Trip Leaser
- ☐ Casual
- ☐ Non-Driving

Equipment

- ☐ Dry Van
- ☐ Containers
- ☐ Reefer
- ☐ Tankers
- ☐ Flatbed
- ☐ Straight Truck

Operated: Areas Driven:

- ☐ 48 states
- ☐ Florida Only
- ☐ Southeast
- ☐ Local
- ☐ Southwest
- ☐ Midwest

Commodities:

- ☐ General
- ☐ Bulk
- ☐ Hazardous
- ☐ Household
- ☐ Refrigerated
- ☐ Oversize Loads

Did the applicant have any accidents while employed/leased? ☐ Yes ☐ No

If Yes, please explain below:

Date	Preventable	Description
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Drug and Alcohol Test Records:

☐ Yes ☐ No 1. Was this individual subject to drug and alcohol testing requirements?

☐ Yes ☐ No 2. Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the last 3 years?

☐ Yes ☐ No 3. Has this individual had a controlled substance test with a positive Result in the past 3 years?

☐ Yes ☐ No 4. Has this individual refused a controlled substance test and/or alcohol test in the last 3 years?

☐ Yes ☐ No 5. Has this individual violated other DOT drug and/or alcohol regulations?

☐ Yes ☐ No 6. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

Reason for Leaving:

- ☐ Resigned w/o notice
- ☐ Resigned with notice
- ☐ No Show
- ☐ Terminated / Discharged
- ☐ Abandonment
- ☐ Quit Under Dispatch

Performance

- ☐ Satisfactory
- ☐ Outstanding
- ☐ Cargo Loss
- ☐ Log Violations
- ☐ Unsatisfactory Safety Record
- ☐ Falsified Employment Application

Eligible for Re-hire

- ☐ Yes
- ☐ No
- ☐ Upon Review
- ☐ Against Policy

Completed by: _____

Title _____ Date _____

Company DOT # _____ MC # _____

Additional Comments / Issues / Concerns

Lease Agreement Information

To be completed by the legal owner of the vehicle

Your income will be reported to the IRS as you indicate below:

ALL NEW CONTRACTORS ARE REQUIRED TO ATTEND ORIENTATION IN JACKSONVILLE, FL WITH THEIR DRIVER

Name that should be shown on the lease agreement is _____

(For example: Alan Smith or Alan Smith Trucking LLC or Alan Smith dba Alan Smith Trucking)

DBA – Doing Business As:

My DBA is registered with the state of?	List DBA name

Under Florida law, a business must file a **DBA** if it seeks to operate under a name different from the name under which it was formed or from its owners. This applies whether the business is a corporation, a type of partnership, or a sole proprietorship. **All DBA's must be verified before the lease agreement can list it as a DBA.**

Is this a:

☐ Sole Proprietor – Social Sec. # or
EIN Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Corporation – requires an EIN Number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ LLC – requires an EIN Number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Partnership – requires an EIN Number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address _____

City _____ State _____ Zip Code _____

Who should FMX Contact regarding this lease agreement?

Last Name	First Name		
Street Address:	City	St	Zip
Home Phone:	Cell Phone:		
Email Address:	Fax #:		

Operating Authority

I currently have my own authority <input type="checkbox"/> YES <input type="checkbox"/> NO	Current DOT #	Current MC#
I have previously had my own authority <input type="checkbox"/> YES <input type="checkbox"/> NO	Previous DOT #	Previous MC #

Tractor Information

I plan on purchasing a tractor ☐ Yes ☐ No

I currently have a tractor ☐ Yes ☐ No

If you are planning on purchasing a tractor, this page will remain blank until you have selected the tractor and then at that time, this page will be required.

The tractor MUST be registered for 80,000 GVW and have double axles.

Year				Color of Tractor				Value of tractor			
Make				Model				Day Cab <input type="checkbox"/> Sleeper <input type="checkbox"/>			
VIN # (provide all 17 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Do you wish to purchase Physical Damage Insurance through FMX, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate value of truck above. If no, you will not have coverage for damages to your tractor unless you purchase your own policy somewhere else.											
Tag #			State			Tag Expiration date			Truck Unladen Weight		
Tire Size <input type="checkbox"/> 22.5 <input type="checkbox"/> 24.5						Rear Axles <input type="checkbox"/> Single <input type="checkbox"/> Double					
5 th Wheel <input type="checkbox"/> Sliding <input type="checkbox"/> Fixed						Apportioned / IRP tag <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the vehicle have double axles in the rear? <input type="checkbox"/> Yes <input type="checkbox"/> No Single axle trucks cannot handle hauling containers.											
Do you have your own IFTA Registration <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copy of IFTA Registration											

Registration:

Name as it appears on the Registration		Address as it appears on the registration	
Do you have a clear title to the vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own the truck or is it financed		<input type="checkbox"/> Own <input type="checkbox"/> Financed (if financed, you must provide the lien holder information below)	

Lien Holder Information (required for notification of insurance coverage to your lien holder)

Name			
Address		City	St
Zip Code	Telephone #	Fax # (required)	

Physical Damage Insurance

☐ I choose to obtain Physical Damage insurance coverages through FMX, Inc. and have the premium deducted from my settlements.

I select the following value and monthly premium

Select One	Value	Premium		Select One	Value	Premium
<input type="checkbox"/>	10,000	\$41.71		<input type="checkbox"/>	21,000	\$87.59
<input type="checkbox"/>	11,000	\$45.88		<input type="checkbox"/>	22,000	\$91.76
<input type="checkbox"/>	12,000	\$50.05		<input type="checkbox"/>	23,000	\$95.93
<input type="checkbox"/>	13,000	\$54.22		<input type="checkbox"/>	24,000	\$100.10
<input type="checkbox"/>	14,000	\$58.39		<input type="checkbox"/>	25,000	\$104.28
<input type="checkbox"/>	15,000	\$62.57		<input type="checkbox"/>	27,000	\$112.62
<input type="checkbox"/>	16,000	\$66.74		<input type="checkbox"/>	30,000	\$125.13
<input type="checkbox"/>	17,000	\$70.91		<input type="checkbox"/>	35,000	\$145.99
<input type="checkbox"/>	18,000	\$75.08		<input type="checkbox"/>	40,000	\$166.84
<input type="checkbox"/>	19,000	\$79.25		<input type="checkbox"/>	45,000	\$187.70
<input type="checkbox"/>	20,000	\$83.42		<input type="checkbox"/>	50,000	\$208.55

☐ I select a value of _____, that is not listed above and will contact the FMX Safety Dept. to inquire about the premium costs

NOTE: The Value of your physical damage once purchased, CANNOT be changed until policy renewal in Late August.

☐ I Decline to obtain Physical Damage insurance coverages through FMX, Inc. and acknowledge that I assume all responsibility for physical damage on my vehicle.

Required Documents for Contractor / Lease Holder include:

please scan and email to safety@fmxtruck.com or fax to 904-598-2627

Driver's license	Registration – MUST be registered for 80,000
Social security Card	DOT inspection on truck (less than 30 days old)
Employer Identification Number if applicable	
Voided check for direct deposit set-up	If truck is year 2000 or older, you must provide photos of all 4 sides of the truck and 2 interior photos
Copy of Title (front and back)	
We can accept a Title application if State or lender is carrying the title	Photo of the diagnostic port in your truck for ELD purposes