

- See P&P 1.04.01 for detail

APPLICATION FOR DRIVER'S QUALIFICATION

Liquid Cargo, Inc. P.O. Box 11857, West Palm Beach, FL 33419

Name _____ Date _____

(Please Print)

Current Address: _____ email address: _____

_____ Phone number: _____

How long at this address: _____

Liquid Cargo, Inc. 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 disability, or any other protected group status.

Answer all questions and please print

Please list you address of residency for the past three years.

| | | | | |
|-----------|--------|-------|---------------|----------|
| Previous | _____ | _____ | _____ | _____ |
| Addresses | Street | City | State and Zip | How long |
| | _____ | _____ | _____ | _____ |
| | Street | City | State and Zip | How long |
| | _____ | _____ | _____ | _____ |
| | Street | City | State and Zip | How long |
| | _____ | _____ | _____ | _____ |
| | Street | City | State and Zip | How long |

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

Date of Birth _____ Can you provide proof of age? _____

Have you worked for Liquid Cargo before? _____ Where _____ Position _____

Dates: From _____ To _____ Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if job requires)



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Have you ever been convicted of a misdemeanor or felony? _____ If yes fully explain on a separate sheet of paper. Do you currently have a criminal case pending judgment, trial or sentencing? _____

Conviction of a crime is not an automatic bar to qualification.

Work History

All applicants to drive in interstate commerce must provide the following information on all employment / contracts 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, please list employers in reverse order starting with the most recent.

| Company | | | 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? Yes <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |

| Company | | | DATE | | | |
|---|-------|--------------|--------------------|----|-----------|----|
| Name | | | From MO. | YR | To MO. | YR |
| Address | | | Position Held | | | |
| City | State | Zip | Salary/Wage | | | |
| Contact Person | | Phone Number | Reason for Leaving | | | |
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| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |

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|---|-------|--------------|--------------------|----|-----------|----|
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| Address | | | Position Held | | | |
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| Contact Person | | Phone Number | Reason for Leaving | | | |
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*includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicles used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSR) 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 lbs or more. 2. Is designed or used to transport 9 or more passengers. 3. Is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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| Company | | 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? Yes <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

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| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

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Accident record for the past 3 years or more (attach sheet if more space is needed) if none, write none.

| Date | Nature of Accident Head-On, Rear end, upset, etc. | Number of Fatalities | Number of Injuries | Hazardous Material Spill |
|---------------|--|----------------------|--------------------|--------------------------|
| Last | | | | |
| 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 |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Experience and qualifications- Driver

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

| State | License Number | 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 | Date | | Approx. number of Miles Total |
|---|-----------------------------------|--------------|------------|----------------------------------|
| | | From (Mo/Yr) | To (Mo/Yr) | |
| Straight Truck Yes <input type="checkbox"/> No <input type="checkbox"/> | Van, Tank, Flat, ISO, Refer, Dump | | | |
| Tractor and Semi-Trailer Yes <input type="checkbox"/> No <input type="checkbox"/> | Van, Tank, Flat, ISO, Refer, Dump | | | |
| Tractor with Double Trailers Yes <input type="checkbox"/> No <input type="checkbox"/> | Van, Tank, Flat, ISO, Refer, Dump | | | |
| Tractor with Triple Trailers Yes <input type="checkbox"/> No <input type="checkbox"/> | Van, Tank, Flat, ISO, Refer, Dump | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

List states operated in for the 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? _____



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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 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 GED College 1 2 3 4

Trade or Technical School: _____

Truck Driving School Date Graduated _____ Name of School_____

Address of Driving School _____ Phone Number of School_____

How many hours was the school? _____

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** _____

