

Dhackney Trucking Inc.

19 E. Josephine, Ecorse Mi. 48229

Phone (313) 598-4456 Fax (313) 429-7500 Website www.dhackney.com

Application for Empolment

In compliance with Federal and State equal opportunity laws, qualified contractors are considered for all positions without regard to race, religion, sex, national origin, age, marital status, non-job related disability.

Note: Read and complete all portions of this proposal in your own handwriting (legible) in ink (please print).

Applications that are incomplete, not signed on last page, or filled out in pencil may be rejected

TO BE READ AND SIGNED BY EMPOLYEE

I understand that the information I provide regarding current and/or previous company's may be used, and those company(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous company(s)
- Have errors in the information corrected by previous company(s) and for those previous company(s) to re-send the corrected information to the prospective company, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous company(s) and I cannot agree on the accuracy of the information.

Contractor Signature: X _____ Date: ____/____/____

Position: Driver [] or other []

Personal Information

Name _____ DOB ____/____/____ Soc. Sec. # ____-____-____
Last First MI

Current Address _____ Home Phone (____) ____-____
Street

_____ How Long ____/____ Alt. Phone (____) ____-____
City State Zip Yr Mo

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS:

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Eligibility Do you have the legal right to work in the U.S.? [] YES [] NO

How did you find out about us, (Referral)? _____

Military Service & Education

Have you ever served in the U.S. armed forces? YES NO Branch _____

Dates of Service _____ Highest Rank Achieved _____

Rank at Discharge _____

Circle Highest Year Completed

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

Driving School: Y / N _____
School City State Phone

MOTOR VEHICLE RECORD QUALIFICATIONS

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
(A, B, OR, C)

ENDORSEMENTS (check all that apply): Double/Triple Trailers Tank Vehicles
 Passenger Vehicles Hazardous Materials

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE: _____ LICENSE # _____ EXPIRATION DATE: ____/____/____

STATE: _____ LICENSE # _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED? NO YES – IF YES, EXPLAIN:

- Have you ever been convicted of a felony? Y / N
- Have you ever been convicted of a crime involving a motor carrier? Y / N
- Have you ever been charged with a DUI/ OWI? Y / N
- Have you ever been denied a license, permit, or privilege? Y / N
- Has your license, permit, privilege ever been suspended? Y / N
- Have you ever been convicted of leaving the scene of an accident? Y / N
- Have you ever had a positive test result or refused to take a drug or alcohol pre-lease agreement test or random test? Y / N

If you have answered YES to any of the above, state the circumstances, date and State: _____

DRIVER SIGNATURE _____ PRINT NAME _____

ACCIDENT RECORD

LIST **ALL ACCIDENT** INVOLVEMENTS WITHIN THE PAST 5 YEARS REGARDLESS OF FAULT (BOTH COMMERCIAL AND PRIVATE VEHICLE).

IF NONE WRITE "NONE"

DATE	VEHICLE TYPE (PRIVATE/COMMERCIAL)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC...)	WERE YOU AT FAULT	WERE YOU CITED	FATALITIES	INJURIES	DAMAGE AMOUNT

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS

Include Commercial and Vehicle Violations (other than parking). **If none, write "None"**.

DATE	LOCATION (STATE)	CHARGE	PENALTY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF TRAILER	DATES	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
T/T VAN SEMI TRAILER			
T/T FLATBED SEMI TRAILER			
SPECIALIZED COMBO			

MINIMUM QUALIFICATIONS

- Must present a clean, well-groomed appearance.
- Minimum 24 years of age
- Must have only one CDL, Class A, issued by state of residence
- Verifiable references from past employers (ten years)
- **"No falsifications or incorrect information on application". Application must accurately reflect all periods of driving non-driving, driving lease agreements, self-employment, training, military, and unemployment for the past ten years.**
- No DUI driving convictions within the past three years, no multiple offenses.
- No reckless driving convictions within the past three years.
- No convictions for possession, sale or use of narcotic drugs, controlled substances or derivatives thereof.
- No more than three citations for moving violations in the past three years and no more than five in the past four years.
- No major preventable accident within the past three years, and two minor accidents/ incidents
- Successfully pass DOT physical and drug screen, along with a certified road test, must supply valid SSN card, and drivers license with photograph.
- Minimum of 12 months solo, verifiable over-the-road experience, and graduated from a certified PTDI School.

PERSONAL WORK HISTORY FOR PAST 10 YEARS

In accordance with § 391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one (APPLICATION DATE), as well as all commercial driving and non-driving experience for seven (7) years prior to those three years, for a total of 10 years.

Begin with your present experience and work backwards in order, **listing all of your carrier's, lease carrier's, driving school, and other training programs, military service, self-employment, and unemployment for 10 years.**

DATES: from (month/year) _____ to _____			Position Held _____
Current or Last Company / Carrier Name: _____			Avg. Weekly Earnings _____
Address _____			Reason for Leaving _____
City _____	State _____	Zip _____	Tractor Driven _____
Phone # () _____			Trailer Pulled _____
Supervisor _____			# of Accidents _____
Full/ Part-Time _____	Hours/Miles per week _____		States you drove _____
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No</p>			
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____</p>			

- **May we contact your present carrier / company (if any) to verify your work history** Yes___ No___

DATES: from (month/year) _____ to _____			Position Held _____
Second to Last Carrier / Company _____			Avg. Weekly Earnings _____
Address _____			Reason for Leaving _____
City _____	State _____	Zip _____	Tractor Driven _____
Phone # () _____			Trailer Pulled _____
Supervisor _____			# of Accidents _____
Full/ Part-Time _____	Hours/Miles per week _____		States you drove _____
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No</p>			
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____</p>			

DATES: from (month/year) _____ to _____			Position Held _____
Third to Last Carrier / Company _____			Avg. Weekly Earnings _____
Address _____			Reason for Leaving _____
City _____	State _____	Zip _____	Tractor Driven _____
Phone # () _____			Trailer Pulled _____
Supervisor _____			# of Accidents _____
Full/ Part-Time _____	Hours/Miles per week _____		States you drove _____
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No</p>			
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____</p>			

DATES: from (month/year) _____ to _____		Position Held _____
Fourth to Last Carrier / Company _____		Avg. Weekly Earnings _____
Address _____		Reason for Leaving _____
City _____	State _____	Zip _____
Phone # (_____) _____		Tractor Driven _____
Supervisor _____		Trailer Pulled _____
Full/ Part-Time _____		# of Accidents _____
Hours/Miles per week _____		States you drove _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No

**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____

DATES: from (month/year) _____ to _____		Position Held _____
Fifth to Last Carrier / Company _____		Avg. Weekly Earnings _____
Address _____		Reason for Leaving _____
City _____	State _____	Zip _____
Phone # (_____) _____		Tractor Driven _____
Supervisor _____		Trailer Pulled _____
Full/ Part-Time _____		# of Accidents _____
Hours/Miles per week _____		States you drove _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No

**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____

DATES: from (month/year) _____ to _____		Position Held _____
Sixth to Last Carrier / Company _____		Avg. Weekly Earnings _____
Address _____		Reason for Leaving _____
City _____	State _____	Zip _____
Phone # (_____) _____		Tractor Driven _____
Supervisor _____		Trailer Pulled _____
Full/ Part-Time _____		# of Accidents _____
Hours/Miles per week _____		States you drove _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No

**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____

DATES: from (month/year) _____ to _____		Position Held _____
Seventh to Last Carrier / Company _____		Avg. Weekly Earnings _____
Address _____		Reason for Leaving _____
City _____	State _____	Zip _____
Phone # (_____) _____		Tractor Driven _____
Supervisor _____		Trailer Pulled _____
Full/ Part-Time _____		# of Accidents _____
Hours/Miles per week _____		States you drove _____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No

**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____

<u>DATES: from (month/year)</u>	<u>to</u>	<u>Position Held</u>
<u>Eighth to Last Carrier / Company</u>		<u>Avg. Weekly Earnings</u>
<u>Address</u>		<u>Reason for Leaving</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Phone # ()</u>		<u>Tractor Driven</u>
<u>Supervisor</u>		<u>Trailer Pulled</u>
<u>Full/ Part-Time</u>	<u>Hours/Miles per week</u>	<u># of Accidents</u>
		<u>States you drove</u>
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No</p>		
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____</p>		

<u>DATES: from (month/year)</u>	<u>to</u>	<u>Position Held</u>
<u>Ninth to Last Carrier / Company</u>		<u>Avg. Weekly Earnings</u>
<u>Address</u>		<u>Reason for Leaving</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Phone # ()</u>		<u>Tractor Driven</u>
<u>Supervisor</u>		<u>Trailer Pulled</u>
<u>Full/ Part-Time</u>	<u>Hours/Miles per week</u>	<u># of Accidents</u>
		<u>States you drove</u>
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No</p>		
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____</p>		

<u>DATES: from (month/year)</u>	<u>to</u>	<u>Position Held</u>
<u>Tenth to Last Carrier / Company</u>		<u>Avg. Weekly Earnings</u>
<u>Address</u>		<u>Reason for Leaving</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Phone # ()</u>		<u>Tractor Driven</u>
<u>Supervisor</u>		<u>Trailer Pulled</u>
<u>Full/ Part-Time</u>	<u>Hours/Miles per week</u>	<u># of Accidents</u>
		<u>States you drove</u>
<p>Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol substances and alcohol testing specified by 49 CFR Part 40? [] Yes [] No * Was this job subject to the FMCSA Regulations? [] Yes [] No</p>		
<p>**ACCOUNT FOR PERIOD BETWEEN JOBS – INCLUDE DATES (MONTH/YEAR) AND REASON: _____</p>		

Note: The Federal Motor Carrier Safety Regulations 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.

****Any gaps in work history must be explained. (use the provided continuation sheet if necessary to list all gaps or periods of non-work history for a 10 year period).**

JOB DESCRIPTION AND PHYSICAL REQUIREMENTS

A successful candidate for any commercial driving position (as defined in 49 CFR Part 391) for D Hackney trucking Inc and Dark Horse Express, LLC must, in addition to meeting the minimum qualifications, and be able to perform all of the following tasks:

JOB OVERVIEW:

Safely drive a conventional tractor pulling a 53-foot van trailer throughout the United States as required, based on the availability of freight and hours available according to the hours of service regulations, Part 395, Federal Motor Carrier Safety Regulations. In addition to driving, you will be required to load and unload trailers, hook and unhook from trailers, perform daily pre-trip and post-trip inspections of equipment and some minor maintenance and repair. You must accurately maintain all required paperwork including logbook, delivery and pay sheets.

PHYSICAL REQUIREMENTS:

In addition to meeting the minimum physical requirements set out in Part 391.41 of the Federal Motor Carrier Safety Regulations, a successful candidate must be able to perform the following:

LIFTING/ CARRYING:	50 to 100 pounds, distances for up to 100 feet
CLIMBING:	Into and out of tractor cabs & trailers/ loading docks
PULLING:	Full strength horizontally to hook and unhook trailers/ move tandems
PUSHING:	Full strength horizontally, up to 15 pounds vertically
BENDING:	(Other than lifting), repeatedly each day
CRAWLING OR CROUCHING:	15 minutes each day
WALKING:	Up to 500 feet several times a day
STANDING:	3 to 4 hours on occasion
LYING DOWN:	8 to 10 hours per day in sleeper berth
SITTING:	Up to 15 hours daily
MANUAL DETERITY:	Operation of truck controls and computer keyboard
MATH:	Able to do and understand simple math (addition and subtraction)
ENGLISH:	Able to read, write and understand the English language

If contracted, would you be able to perform all the job tasks outlined in the job description and physical requirements?
[] YES [] NO (IF NO, EXPLAIN WHY) _____

If not, what accommodations would you need to perform these essential tasks? _____

Do you have an original long-form D.O.T. physical certificate or certification card? If yes, please enclose copy. Y / N

TO BE READ AND SIGNED BY APPLICANT

By completing and submitting this application (pages 1 thru 8),

I _____, acknowledge and understand that with my signature below I herby:

(Print Your Name)

- Authorize D Hackney trucking Inc and Dark Horse Express, LLC or its agents to investigate my background, character, general reputation and prior company(s) / carrier(s) by contacting my prior company(s) or carrier(s) references or any other individuals Dark Horse Express, LLC considers necessary.
- Authorize D Hackney trucking Inc and Dark Horse Express, LLC or its agents to make such inquiries and investigations of my personal, working, driving, financial or medical history and other related matters as may be necessary in arriving at a lease agreement. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)
- Release my previous company(s) / carrier(s), schools, health care providers and other persons from liability in responding to inquiries and releasing information in connection with my application.
- Authorize my prior company(s) / carrier(s), references and any other individuals contacted by D Hackney trucking Inc and Dark Horse Express, LLC to release any and all information requested and absolve those parties who provide information requested from any and all liabilities related to their doing so.
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of D Hackney trucking Inc and Dark Horse Express, LLC evaluation procedures and authorize release of my results to D Hackney trucking Inc and Dark Horse Express, LLC and Dark Horse Express, LLC's unrestricted use of those results in deciding whether I should be offered employment.
- Acknowledge and agree that an express condition of my contract is that I stay drug-free and promptly submit to random drug testing whenever required by Dark Horse Express, LLC or D Hackney Trucking Inc.
- Acknowledge and agree that evidence of drug use prior to or during my employment will be grounds for immediate termination without recourse.
- Certify that this application was completed by me, in my own handwriting and acknowledge that all entries on it and the information provided is true, accurate and complete to the best of my knowledge.
- Acknowledge that providing false, misleading or incomplete statements in this application of or in connection with Dark Horse Express, LLC's evaluation of me as a candidate for a employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

Contractors Signature _____ Print _____

Date ____/____/____

Reviewed & Witnessed By: _____ Title _____

Dark Horse Express, LLC Safety Performance History Request

1080 W. Main St Suite 319 Hendersonville, TN 37075

Phone: 615-431-9313

Fax: 615-829-8398

Name: _____

Soc. Sec #: _____ - _____ - _____

I, the undersigned, hereby authorize my previous company(s) or any other carrier(s) to give Dark Horse Express, LLC, and or D Hackney Trucking Inc all the information regarding my services, character, conduct and all information on my Alcohol and Controlled Substances Testing/Training Record, including pre-employment testing. I release my previous company(s) or any other carrier(s) from any liability which may result from giving such information.

Date: ____/____/____

Applicant Sign Here X _____

To Former Company / Carrier: Pursuant to FMCSR 391.21 (b)(10), please give the following information about this contractor. It will be held in strict confidence.

*****TO BE COMPLETED BY PREVIOUS COMPANY / CARRIER*****

PLEASE **FAX** COMPLETED FORM TO **615-829-8398**

ATTENTION: _____

Company: _____

City & State: _____

Phone #: _____

Fax #: _____

Person Contacted: _____

Title: _____

Dates of Service or Contract:

From _____ to _____ and _____ to _____

Position Held: _____ Full Time: _____ Part Time: _____

Remarks: _____

In accordance with part 40.25 (b)

Has this person ever tested positive for a controlled substance in the three years? _____ yes _____ no

Has this person ever had an alcohol test with a BAC of 0.04 or greater in the last three years? _____ yes _____ no

Has this person ever refused a required test for drugs or alcohol in the last three years? _____ yes _____ no

Do you have knowledge that this person violated other DOT agency drug and alcohol testing regulations? _____ yes _____ no

If yes to any of the above questions, please give the SAP's (Substance Abuse Professional) name and phone number for a reference.

Verification: _____ Mailed _____ Faxed _____ Verbal _____ On-Line (attached)

Attempts at verification: _____

Date: _____ Signed: _____ Printed Name: _____