

TERMINAL _____

PLEASE DO NOT SIGN
AND DATE THE
APPLICATION AND
SUPPLEMENTAL
FORMS UNTIL IT IS
PRESENTED TO A
COASTAL TRANSPORT
EMPLOYEE.

COASTAL TRANSPORT CO., INC.

1603 Ackerman Road
San Antonio, TX 78219
(210) 661-4287

QUALIFICATIONS FOR BECOMING A DRIVER APPLICANT

1. Completely fill out an Application for Employment and other forms as required.
2. Meet all Federal and State regulations and requirements.
3. Present a valid Class A Commercial Driver License for state of domicile with tanker and Haz-mat endorsements (391.11). A photocopy must accompany the application. If there is an accident in your history, a complete written statement of the accident is necessary prior to processing your application.
4. Be at least 23 years of age.
5. Have a telephone where applicant may be reached for dispatch orders.
6. Must be clean-shaven and hair neatly combed at all times. Hair length may extend to the collar. It is permissible to wear a close trimmed mustache and/or goatee.
7. Eight (8) months driving experience within the last twenty four (24) months or twenty four (24) months driving experience within the last forty eight (48) months.
8. Graduate of a CDL Driver Training School within the previous 90 days of application. School must be on the Coastal approved list. See list at www.CoastalTransport.com click on **Career page**.
9. Driving experience must be with a truck tractor semi-trailer or equivalent vehicle.
10. Agree to purchase uniforms, as prescribed by the company, and be in uniform prior to reporting for work.
11. Discovery of false information of an application will be grounds for immediate dismissal.

BY SIGNING, I CERTIFY THAT I UNDERSTAND AND MEET THE ABOVE REQUIREMENTS.

Signature

Date

Print Name

Coastal Transport Co., Inc.
1603 Ackerman Road
San Antonio, Texas 78219
DRIVER APPLICATION FOR EMPLOYMENT

Fill in all blanks & provide all information requested

Name: First _____ Middle _____ Last _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Email address: _____

Home Phone#: () _____ Cell #: () _____

Current Address: _____
(If listing a P. O. Box number – also list physical address)

City: _____ State: _____ Zip Code: _____

If your address is less than 3 years continue listing them below to cover the previous 3 year period:

Dates: _____ To _____ Dates: _____ To _____

Address: _____

City: _____ State _____ City _____ State _____

Driver's License Information, list all licenses held in the last 4 year period:

State _____ Number _____ Expiration Date _____

Number of _____ years _____ months with tanker experience and _____ products hauled.

Coastal Transport driving time experience qualifier **ONLY** applies with the operation of a truck/semitrailer combination vehicle or equivalent and/or completion of a Coastal Transport approved commercial vehicle operator training school. See list of approved training locations. If you have attended and completed training at a Coastal Transport approved location, please list.

Name of school _____ Location of school _____ Date of completion/graduation _____

**Employment History, last 10 years (383.35) – ACCOUNT FOR GAPS BETWEEN EMPLOYERS:
(If owner/operator, list carriers leased to)**

1. From: _____ To _____	_____
Employment Month & Year	Company Name
_____	_____
Job Title	Street Address
_____	_____
Area Code & Phone Number	City State Zip Code
_____	_____
Supervisors Name	Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Name: _____ SSN: _____

2. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

3. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

4. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

5. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Name: _____ SSN: _____

6. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

7. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

8. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

9. From: _____ To _____
Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Note: If you have more employers to list, please ask for Supplemental Page.

Name: _____ SSN: _____

Have you ever worked for Coastal Transport Co., Inc.? Yes () No ()

Who referred you (example: walk-in, internet search, employee referral)? _____

Names of any relatives employed by this company? _____

Check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address City State

Have you ever worked for this company or any other company under another name? () YES () NO
If so, under what name? _____

DRIVING RECORD:

List Tickets: (Note: If none, please write "NONE" in space below)

Date	Commercial Vehicle Yes or No	State	Type of Ticket (speeding, overweight, etc.)

List DUI: (Note: If none, please write "NONE" in space below)

Date of Conviction	Commercial Vehicle Yes or No	City and State

Accidents: (Note: If none, please write "NONE" in space below)

Date	Location and Description	Number of Injuries	Number of Fatalities	Any Hazmat Material Spill

- 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 ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Explain: YES () NO ()

A "yes" answer to questions A, B, and/or C will require a written explanation as to the facts in the space below:

Have you ever been convicted of a felony? YES () NO ()

If yes, please explain in detail (date, facts, etc.). Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Name: _____ SSN: _____

APPLICANT MUST READ & SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I also understand that I must be insurable and bondable.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer. I understand that my employment with Coastal Transport Co., Inc. is at-will and that Coastal Transport may terminate my employment at any time, for any reason or no reason, and with or without notice. I also understand that this application is not in any way to be construed as a contract of employment.

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.

Coastal Transport also endeavors to select and retain the best qualified individuals based upon job-related qualifications and regardless of race, color, creed, sex, religion, national origin, age, marital status, disability, sexual orientation or any other protected group under law.

49 CFR 40.25(j)

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 covered by DOT agency drug and alcohol testing rules during the past two years? () YES () NO

If YES, have you successfully completed the return-to duty process? () YES () NO

If YES, Documentation **MUST BE PROVIDED** before any safety sensitive transportation function is performed.

Applicant will sign and date application at the time of presentation to Coastal Transport staff.

DO NOT SIGN AND DATE PRIOR TO PRESENTATION TO COASTAL TRANSPORT STAFF.

Applicant's Signature

Date

**** FOR OFFICE USE ONLY ****

Reviewed By: _____

Date: _____

Title: _____

Terminal Applying At: _____

RELEASE / AUTHORIZATION TO OBTAIN INFORMATION

DOT DRUG AND ALCOHOL RELEASE

I hereby authorize you, per 49 CFR Part 40, to release to **Coastal Transport Co., Inc.**, 1603 Ackerman, San Antonio, Texas 78219, (phone) 210-661-4287 (fax) 210-662-8712, information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of investigation as required by Section 382-413 and 40.25 of the Federal Motor Carrier Safety Regulations and transmitting such records. You are released from any and all liability which may result from furnishing such information.

I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Part A: TO BE COMPLETED BY THE APPLICANT

Print Applicant's Name: _____ Social Security No: _____

Applicant's Signature: _____ Date _____

Previous Employer

City

State

APPLICANT MUST PROVIDE A SEPARATE SHEET FOR ALL EMPLOYERS WITHIN THE PAST THREE (3) YEARS. INCOMPLETE INFORMATION WILL DELAY APPLICATION PROCESSING.

Part B: TO BE COMPLETED BY PREVIOUS EMPLOYER

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available information on your former/ current commercial vehicle driver listed above regarding the following questions during the past three years:

		<u>Circle answer</u>	
A.	Has this person ever tested positive for controlled substance?	YES	NO
B.	Has this person ever had a alcohol test with a breath alcohol concentration of 0.04 or greater?	YES	NO
C.	Has this person refused a controlled substance test and/or alcohol test?	YES	NO
D.	Has this individual violated other DOT drug/alcohol regulations?	YES	NO
E.	Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations.	YES	NO

If you answer "yes" to any of the above questions, please provide dates and results of all positive tests as well the name and contact information for the Substance Abuse Professional that the listed applicant was referred to:

Controlled Substance: _____ Date Tested: _____ Results: _____

Alcohol: _____ Date Tested: _____ Results: _____

Signature: _____ Company Name: _____

Print Name: _____ Title: _____ Date: _____

SAP Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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Applicant's Signature: _____ Date _____

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		<u>Circle answer</u>
A.	Has this person ever tested positive for controlled substance?	YES NO
B.	Has this person ever had a alcohol test with a breath alcohol concentration of 0.04 or greater?	YES NO
C.	Has this person refused a controlled substance test and/or alcohol test?	YES NO
D.	Has this individual violated other DOT drug/alcohol regulations?	YES NO
E.	Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations.	YES NO

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Alcohol: _____ Date Tested: _____ Results: _____

Signature: _____ Company Name: _____

Print Name: _____ Title: _____ Date: _____

SAP Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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Applicant's Signature: _____ Date _____

Previous Employer

City

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Part B: TO BE COMPLETED BY PREVIOUS EMPLOYER

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E.	Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations.	YES NO

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Alcohol: _____ Date Tested: _____ Results: _____

Signature: _____ Company Name: _____

Print Name: _____ Title: _____ Date: _____

SAP Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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Print Applicant's Name: _____ Social Security No: _____

Applicant's Signature: _____ Date _____

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Part B: TO BE COMPLETED BY PREVIOUS EMPLOYER

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available information on your former/ current commercial vehicle driver listed above regarding the following questions during the past three years:

		<u>Circle answer</u>
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C.	Has this person refused a controlled substance test and/or alcohol test?	YES NO
D.	Has this individual violated other DOT drug/alcohol regulations?	YES NO
E.	Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations.	YES NO

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Alcohol: _____ Date Tested: _____ Results: _____

Signature: _____ Company Name: _____

Print Name: _____ Title: _____ Date: _____

SAP Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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Part A: TO BE COMPLETED BY THE APPLICANT

Print Applicant's Name: _____ Social Security No: _____

Applicant's Signature: _____ Date _____

Previous Employer

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E.	Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations.	YES NO
If you answer "yes" to any of the above questions, please provide dates and results of all positive tests as well the name and contact information for the Substance Abuse Professional that the listed applicant was referred to:		
Controlled Substance:	Date Tested: _____	Results: _____
Alcohol:	Date Tested: _____	Results: _____
Signature: _____ Company Name: _____		
Print Name: _____ Title: _____ Date: _____		
SAP Name: _____ Address: _____		
City: _____ State: _____ Zip: _____ Phone: _____		

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Part A: TO BE COMPLETED BY THE APPLICANT

Print Applicant's Name: _____ Social Security No: _____

Applicant's Signature: _____ Date _____

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		Circle answer
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Controlled Substance: _____ Date Tested: _____ Results: _____

Alcohol: _____ Date Tested: _____ Results: _____

Signature: _____ Company Name: _____

Print Name: _____ Title: _____ Date: _____

SAP Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

NOTIFICATION AND RELEASE FORM

In connection with my application for employment (including contract for services) with **Coastal Transport Co., Inc.**, I understand that a consumer report which may contain public record information is being requested from USIS/DAC and/or other Party or Agency contacted by Coastal Transport Co., Inc. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, spills, mixtures, alcohol/drug test results (49CFR 382.413), etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, criminal records, etc., from federal state and other agencies which maintain such records; as well as information from USIS/DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY COASTAL TRANSPORT CO., INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to USIS/DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which USIS/DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from USIS/DAC, and I agree that such information which USIS/DAC has or obtains, and my employment history with you if I am hired will be supplied by USIS/DAC to other companies which subscribe to USIS/DAC.

I release employers and other persons from any and all liability which may result from furnishing such information.

Print Name

Social Security Number

Applicant's Signature

Date

Witness: Company Official Signature & Title

Date

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“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 _____ (“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.

Date: _____

Signature

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



I certify that I have reviewed the following list of violations known and identified by the Federal Motor Carrier Safety Administration (FMCSA) as “Red Flag Violations”.

FMCSR PART	DESCRIPTION	Check all that apply
383.21	Operating a commercial motor vehicle (CMV) with more than one driver’s license	
383.23(a)(2)	Operating a CMV without a valid commercial driver’s license (CDL)	
383.51(a)	Driving a CMV (CDL) while disqualified	
383.51A-SIN	Driving a CMV while CDL is suspended for a safety-related or unknown reason and in the state of driver’s license issuance	
383.51A-SOUT	Driving a CMV while CDL is suspended for safety-related or unknown reason and outside the driver’s license state of issuance	
383.91(a)	Operating a CMV with improper CDL group	
391.11	Unqualified driver	
391.11(b)(5)	Driver lacking valid license for type of vehicle being operated	
391.11(b)(7)	Driver disqualified from operating CMV	
391.15(a)	Driving a CMV while disqualified	
391.15A-SIN	Driving a CMV while disqualified. Suspended for safety-related or unknown reason and in the state of driver’s license issuance.	
391.15A-SOUT	Driving a CMV while disqualified. Suspended for a safety-related or unknown reason and outside the driver’s license state of issuance.	
392.4(a)	Driver uses or is in possession of drugs	
392.5(a)	Possession/use/under influence of alcohol less than 4 hours prior to duty	
395.13(d)	Driving after being declared out-of-service (OOS)	
396.9(c)(2)	Operating an OOS vehicle	

I further certify that I have not committed or been identified by a law enforcement jurisdiction as committing one or more of the above listed “Red Flag Violations” within the last twelve (12) continuous months.

Print name _____ Employee number (if applicable) _____

Signature _____ Date _____

Terminal manager’s signature _____

Date _____

If any listed above are applicable, notify your Terminal Manager immediately

Rosco “AER Dual Vision System” Accident Event Recorder

The Rosco AER Dual Vision camera Accident Event Recorder system will be installed on all Coastal Transport Co. Inc. commercial motor vehicles which operate on public highways. This system is intended for the purpose of capturing video clips whenever the system has determined there has been a traffic collision or erratic driving event.

These video clips will be utilized to protect Coastal Transport Co. Inc. and Coastal Transport Co. Inc. employee’s best interest in the event of an accident and as a tool to reinforce safe driving skills as well as to coach those drivers that exhibit poor driving habits.

The camera may capture behaviors that could potentially lead to disciplinary action under the Coastal Transport Co. Inc. guidelines. These behaviors include activities such as driving while using a cell phone, driving without a seatbelt, smoking in the truck cab and unauthorized passengers.

Tampering and/or vandalism of the Rosco AER Dual Vision camera Accident Event Recorder system will not be tolerated and will result in immediate disciplinary action (to include possible termination) by Coastal Transport Co. Inc.

EMPLOYEE ACKNOWLEDGEMENT

My signature below acknowledges I have been informed about the Rosco AER Dual Vision camera Accident Event Recorder system and how it will be used within the Coastal Transport Co. Inc. organization.

Date _____

Driver Name and ID number _____

Driver Signature _____

SUPPLEMENTAL PAGE

Name: _____ **SSN:** _____

10. From: _____ To _____
 Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

11. From: _____ To _____
 Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

12. From: _____ To _____
 Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

13. From: _____ To _____
 Employment Month & Year Company Name

Job Title Street Address

Area Code & Phone Number City State Zip Code

Supervisors Name Rate of Pay Reason for leaving (You must provide written explanation to the facts concerning any dismissal, discharge or termination Use additional sheet if necessary)

Operated: Tractor-Semitrailer Straight Truck Motor Coach Cargo Tank Doubles/Triples Other (Specify) _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No