

Motor Carrier Attachment 14

Accident Driver DQ File

Chattanooga, Tennessee 06/26/2015

HWY15MH009

(19 pages)

	DRIVE	R APPLICAT	TION FO	RM		· ·
OMPANY NAME	of Running	Exposation: Re	gion/District/Bra	nch		
OMPANY ADDRESS	U	Ton	don	Ky	2	7
	Street		Cify		State /	Zip
I authorize you to make such investigemployment decision. (Generally, inquischools, health care providers and off in the event of employment, I underst	pations and inquiries of my per- uiries regarding medical history ner persons from all liability in re- tand that false or misleading inf	will be made only if and after a esponding to inquiries and relea	medical history and o conditional offer of em sing information in con	nection with my applic	cation.	ease employers,
abide by all rules and regulations of the "I understand that information I provide performance history as required by 45	te regarding current and/or prev	vious employers may be used, a erstand that I have the right to:	nd those employer(s)	will be contacted, for t	he purpose of investig	jating my safety
 Review information provided by 	current/previous employers;				- (A)	
Have errors in the information of	orrected by previous employers	and for those previous employe	rs to re-send the corre	cted information to the	prospective employe	r; and
Have a rebuttal statement attac	ed to the alleged erroneous in	formation, if the previous employ		ee on the accuracy of	the information.	
Signature _			Date _	0-10-1		
IAME		F				
		First			Middle	*
Social Security Number	. IT A Place	one Number	Date of Birth		Hire Dat	te
DDRESS Street		City	State	∠ip	Number of	Years
AST 3 YEAR		Landon	KY			
RESIDENCY Street	/	City	State /	Zip	Number of	fears
Street	F	City	State	Zip	Number of	Years
All applicants wishing to drive in Inter all employers for whom you have driv You are required to fist the comple CURRENT OR LAST EMPLO Street Address Position Held Reasons for Leaving Were you subject to the FMC	en a commercial vehicle seven te mailing address: street nut DYER: Name	years prior to the initial three years prior to the initial three years prior and name, city, state and City. Come Own Own day	ars (total of ten year e	Sta	r (:	
Was your job designated as a 49 CFR Part 40?	a safety-sensitive functio		node subject to th	ne drug and alcoh	ol testing require	ments of
*ACCOUNT FOR PERIOD B		le dates (month/year) and	d reason			-
SECOND LAST EMPLOYER Street Address Position Held Reasons for Leaving	EN+14		Landon From 10-12-	Sta	Number (vyear)
Were you subject to the FMC		ПУев ПМе			8	
Was your job designated as a 49 CFR Part 40? ☐ Yes ☐	a safety-sensitive function		node subject to the	ne drug and alcoh	ol testing require	ments of
*ACCOUNT FOR PERIOD B		le dates (month/year) an	d reason.			
THIRD LAST EMPLOYER; N	ame			Phone	e Number (
Street Address		City .	Lordon	Sta	V	
Position Held Dalue	,		From 3-21-2	2001	To 7/22.1	3
Reasons for Leaving		7		nth/year)	(month	/year)
Were you subject to the FMC	SRs** while employed?	PYes □ No		1		
Was your job designated as			node subject to the	ne drug and alcol	nol testing require	ements of

Any gaps in employment and/or unemployment must be explained.

*ACCOUNT FOR PERIOD BETWEEN JOBS - include dates (month/year) and reason ___

*The Federal Motor Carrier Safety Regulations (FMCSRs) 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 lesigned or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here \Box

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES] [APPROXIM	ATF
	(Circle all that apply)	FROM TO		NUMBER OF	
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	#3-20 20cl 7-2013			
Tractor Two Trailers	Van, Reefer, Tank, Flat		OR		
Tractor Three Trailers	Van, Reefer, Tank, Flat			-	
(Greater than Motorcoach School Bus 8 passengers)	N/A				
(Greater than Motorcoach – School Bus 15 passengers)	N/A				
Other:	Van, Reefer, Tank, Flat, N/A				
	Accident Hist If no accidents within the la				
	TURE OF ACCIDENT -on, rpar-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER INJURIE		
2-35-15 rear. E	11		0	\	□ NO
					□ №
				Tes	□ №
If no traffic		d Forfeitures (3 years) es in the last 3 years – check STATE OF VIOLATION	here 🖵	PENALTY	·-····
(month/year) (Other than viola	ations involving parking only)		(Forfeited	bond, collateral and	or points)
	License In	formation			
Section 383.21 FMCSR states "No driver's license". I certify that I do not	person who operates a col have more than one motor	vehicle license, the information	at any tir on for whice	ne have more the	an one
A. Have you ever been denied a licen If yes, give details	se, permit, or privilege to o		′es	No 	
B. Has any license, permit, or privileg					
	Applicant C	ertification			
This certifies that this application was	s completed by me, and the	at all entries on it and informa	ation in it a	are true and com	plete to
the best of my knowledge.		•	-16-1		

Company Name Cool Lunnings Express, Sc.

FAIR CREDIT REPORTING 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. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

	1
	6-16-2015
Applicant's signature	Date
Print name	Social Security number

hereb	y authorize you to release the	e following information	o l'od	Vunne	nes ext	<u>ن</u>	
HOLON	y additionact year to release with		204.05 (1)	(Prospec	tive Employer)	t. Degulations Vou o	**
for pur	poses of investigation as req ed fro m any and all flability wh	uired by Sections 391.2	23 and 391.25 of the	aatiaa			16
				, idea of it	10-15-1	5	
	(Ap	plicants Signature)		· · · · · · · · · · · · · · · · · · ·	6-15-1	(Date)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1.509 as amondad	ha.
in acco	ordance with the provisions on nsumer Credit Reporting Act	of 1996 (Title II, Subtitl	e D, Chapter 1, of	Public Law 104-	208), I hereby	certify the following:	Jy
1.	The consumer (applicant) h	as authorized in writing	the procurement of	or mis report;	concumer ren	ort may be obtained t	io.
2.	The consumer (applicant) hemployment purposes;	as been monned in a	separate written u	iscosure mai a	consumer rep	on may be obtained	U,
3.	The information requested will be used for no other put		a "permissible purp	oose" (i.e., inforr	nation for emp	loyment purposes) a	nd
4.	The information being obtain						
5.	Before taking an adverse ac requested report and the st	ction based in whole or immary of consumer ri	in part on the repo ghts as provided w	ort the consume ith the report by	er (applicant) we the consumer	rill receive a copy of t reporting agency.	n€
l also l state n	hereby certify that this report notor vehicle records under the	request and the above the provisions of the Dr	re applicant's relea iver's Privacy Pro	se notice meet stection Act of	the definition of 1994 (Public L	of "permissible uses" aw 103-322, Title XX	ol X,
Section	n 30 <u>0002(a)).</u>					• •	
	/Sig	nature of Requester)			, <u></u> , . _,	(Date)	
	(Olgi	idiano or moqueotory				(2 200)	
TO: _	A			-			
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_			<u>.</u>				
				•			
DEA	R SIR/MADAM:						
DA Th	e following named person ha	e mada application with	h our company for	the position of	Driver)	
		In accordance	Min Decron 231.7	za, redetai Dep	allinein oi nai	nsportation Regulatio	ns,
ple	ease furnish the undersigned	with the applicant's dri	ving record for the	past three year	5.		
☐ Th	e following named person is	employed with our com	pany in the positio	n of			
	s	In accordance	with Section 391.2	25, Federal Dep	artment of Trai	nsportation Regulatio	ns.
рю	ease furnish the undersigned	with the employee's ar	iving record for the	pasi year.			
NAME	OF APPLICANT/DRIVER						
			Ì				
ADDR	ESS (Number & S	itreet)	(City)	A (State)	(Zip Code)	
EOD\$/	/		, , , , , , , , , , , , , , , , , , , ,		, ,		
LOUIN	ER ADDRESS(Number & S	itreet)	(City)		State) .	(Zip Code)	_
DATE	OF BIRTH	SSN_		_ LICEN	ISE NO.		 -
			EQUESTED BY				
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	Tool Runnings	cycless .	<u> </u>		(Typed Name)		
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	(Address)	A. is			Title		
	Sondon	Ky 40;	743				

the driver days and (see Sec compens be record Driver Nam Social Sect Driver's Lice	a signed stateme at which the stated work ed on this for the contract of the c	atement ch such (3(j)(2) F during thorm.	driver we de cal	as last i	relieved Carrier days, in	from du Safety cluding	ty prior to Regul work for	o beginr ations). r a non-l	immediately proining work for su NOTE: Hours motor carrier el	ch carrier s for any ntity, must
Type of Lic	ense Com	vero.a	Pa	{vcr	Lice	<u> </u>				
	DAY	1 (yesterday)	2	3	4	5	6	7		
	DATE			· · · · ·					TOTAL HOURS	_
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·	knowled	ge and b	Driver	S Signato	nDa	y y	Ma	onth _ (o - /	Date	
forme and	fication file fo	r a multiple	e-employ	er driver o	employed rson's em	under the ployment	e rules in by the mo	Section 3 tor carrier	R DRIVER 91.63 must include ceases.	e the followin
1 Medio	cal Examiner a motor vehic	's Certific de or a leg Celler & As	ate – The gible pho sociates,	e medical tographic Inc Ne	examine copy of tenan, Wi	r's certific the certifi Book No.	ate of his cate pursi 2B or 646	physical c Lant to Se L-FS-C2	ection 391.43.	
2. Certifi to Se		e r's Road e), or a c iver's road Keller & As	Test - Topy of the lest pure sociates.	ne certific e license suant to S , Inc Ne	cate of driverse or certification 39 section 39 secuents, WI	ver's road icate which 11.31. Form No.	test issue th the mo	tor carrie	river pursuant r accepted as	
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oo roquii	rod by Part 38	2 of the Fe	ederar ivit	יויונגע עטון	or outer)	, 109-1-1-1			rug and alcohol te	sting program
4	www.	am							shall be maintain	ed in a sect
location	with controlle	d access.			-			र्गुंक	Date:	
Process	sed by:			uean	er Agent)					

PLEASE FAX BACK TO CREDA AT 696-864-3002 THANK YOU

ATT: DRIVER PERSONNEL

PHONE APPLICATION VERIFICATION RELEASE

I certify that I personally completed this application and that all information is true and correct. I authorize COOL RUNNINGS EXPRESS, INC. to conduct a thorough background investigation in accordance with state and federal law and authorize my previous employee to release any information requested by COOL RUNNINGS EXPRESS, INC. and hold their harmless of all liability from the schase of any said information. Also, in accordance with the provisions of 49 CPR part 382,405 and 382,413, I hereby authorize with the provisions and / or current employees specifically listed by me and require my previous and / or current employees specifically listed by me takes by me, pursuant to the provisions of 48 CPR while in their camployment to COOL RUNNINGS EXPRESS, INC. by what ever means is expedient.

Date: 10-10-15	Applicant's Name Applicant's Signat
Referred by_	

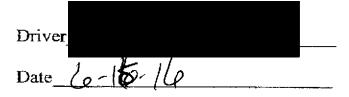
Company Policy

Some of the rules that apply to drivers is that you accept responsibility of your load that it is secured at all times. If there is damage on product and you can not prove that it was not your fault then you can be charged up to \$1000.00 for the damages that are done. One of the things you can do if you have damage product on your trailer is to take pictures of the product before the receiver takes it off of your trailer. If you think of any other ways to show your not responsible please make sure to use them.

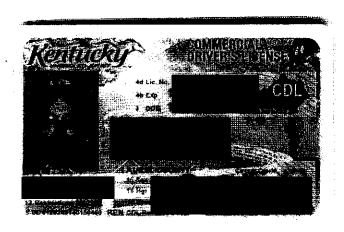
Same goes for any damage that might be done to trailer or truck. You can be charged up to \$1000.00 for damages that might occur from being negligent. Again take pictures to show what might have took place.

If you fail to weight your load after getting loaded and get caught on scales for over weight you are the one to pay the fine. So make sure after you get loaded you get a weight before crossing any scales.

After reading some of the rules that apply to company policy I understand and agree to the rulings.



			REQUE	ST I	or en	APLOY	YME	NT IN	FO	RMATION	FORM	[<u> </u>		
ATT:	-										i.4	ATTE SSN:	MP	r made	<u> </u>		
DRIVER NAM													V 16				
COMPANY NA	ME;		C A WORDS	TO WATE	n/Tr							FAX:					
ATT:			SAFETY									COO	LRU	INNING	S EXPRI	ESS, Inc	
RETURN TO:												PHO					
RETURN FAX					***	*Please	e con	aplete:	all i	information	****						
		The in	dividual h	sted a	above ba	s appli	ed fe	er a driv	ving	position wit	h Cool	Room	ngs I	express,	Inc.		
		7.20				****	Che	ck all t	hat	apply****							
Employ	men	t date	5	Fre	DERE:			To					If in	correct	list		
# *								1:	<u> </u>			1.,		dates:	- C D-b		×
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requirements?															<u> </u>	<u> </u>	<u> </u>
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						VERIF	ICA]	TION C	CON	APLETED BY	Y:						
7	Drine	name:				Signati	ure:				_Title:_			Date:_			



	MEDICALE	XAMINER'S CERTIFICATE		TC 94-157 Rev 02/14
DRIVER LICENSE NUMBER		STATE	INTRASTATE ONLY U YES SK NO	CDL Ø YES □ NO
ADDRESS			1300	en KY
Contriby that I have examined 39/41-391.49) and with knowledge of the driv Wearing corrective lenses Wearing hearing alds Accompanied by a		Driving w	the Federal Motor Carrier Safet applicable, only when: ithin an exempt Intracity zone nied by a Skill Performance Eva by operation of 49 CFR 393, 64	(49 CFR 391.62)
The information I have provided regarding this my findings completely and correctly, and is on	physical examination l file in my office.			
MEDICAL EKAMINER'S NAME (PRINT)		SIGNATURE DE MEDICA		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE	RV.	NATIONAL REGIS	ŕ	TELEPHONE
□ no Advance	ri Practice Nurse actitioner	MEDICAL CERTIFICATION	ON EXPIRATION DATE	2 <i>015</i> /



COMMONWEALTH OF KENTUCKY

Transportation Cabinet http://transportation.ky.gov **Division of Driver Licensing**



B92533491 - OFFICIAL DRIVING HISTORY RECORD

T DATE REQUEST STATE
15 OK
)

LICENSE INFORMATION

ATE ISSUED	DATE EXPIRED	LICENSE STATUS	
		LICENSE STATUS	CDL STATUS
		IN FORCE	IN FORCE

CLASS LICENSE	ENDORSEMENTS	
Operate		RESTRICTIONS
Operators Class D ,CDL Class A	Tankers - Bulk Haulers	

CLASS PERMIT	PERMIT STATUS		
	TERMIT STATUS	PERMIT ISSUE DATE	PERMIT EXPIRE DATE
	1		

MEDICAL CERTIFICATION INFORMATION

		STATUS	SELF CERT	NUM. OF REST.	RESTRICTIONS
		С	NI		
DRIVER SPE EXPIRE	DRIVER SPE EF	FECTIVE	DRIVER WAI/EX E	XPIRE DR	IVER WAVEX EFFECTIVE
DOCTOR FIRST NAME	DOCTOR MIDDLE NA	R ME	DOCTOR LAST NAME	DOCTOR SPECIALTY CO	DOCTOR DE PHONE NUMBER
DOCTOR LICENSE N	UMBER	DOCTOR	R JURISDICTION		REGISTRATION NUMBER

ENTRIES

NO.	CITATION DATE	DESCRIPTION-LOCATION	cv	НМ	CONV/ADM DATE	EXP. DATE	CITATION NO.	PTS
056	12/10/2014	SPEEDING 16-25 MPH OVER LIMIT - MADISON	N	N	01/26/2015		14T09266	6

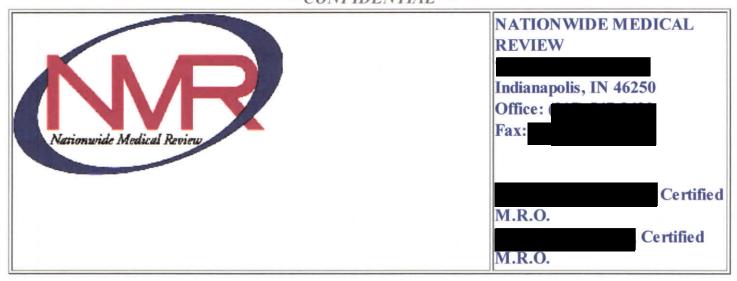
055	SELF CERTIFICATION RECEIVED - FRANKFORT	Y	11/26/2014	11/26/2019	
054	MEDICAL CERTIFICATION RECEIVED - FRANKFORT	Υ	11/26/2014		
045	RENEWAL LICENSE ISSUED - LAUREL	N	12/19/2012		:

END OF RECORD

Unauthorized use prohibited



** CONFIDENTIAL **



Results of these tests: Negative

Soc Sec # / ID #:		Donor Name:	
Test Type:	Pre-Employment	Employer Name:	TRACS/COOL RUNNINGS EXPRESS INC()
Lab:	MEDTOX LABORATORIES	Specimen ID#:	
Collection Site:		Protocol:	HHS/DOT
Collection Date:	06/16/2015	Employer Acct#:	
Lab Date:	06/17/2015	Lab Result Date:	06/17/2015
Test Panel: Testing Authority	5-Panel FMCSA	MRO Dates: Receipt of CCF #2 Verified Report Date:	06/16/2015 06/17/2015 01:57:24 PM

The above captioned individual has submitted to drug testing pursuant to the requirements of 49 CFR 40 and pertinent regulations of the employer listed above. Urine testing was carried out for the following drugs Amphetamines, Cocaine, Opiate, Phencyclidine, Marijuana, 6-AM, Ecstacy.

Medical Review Officer



Information Current As Of 06/12/2015

Verification of Employment - Current & Previous

Order Information

Verification Type:

Employment

Permissible Purpose:

Employment purposes

Reference Number:

NA

Tracking Number:

Employment

Employer:

pioyer.

Headquarters Address:

Street:

City:

State:

Zip Code:

Employer Disclaimer:

Miami

FL

For additional information on Drivers Please email

Ask_COM SPECIAL INFORMATION ABOUT THIS EMPLOYER

If the message "Data Not Provided" is displayed in the Federal Employer ID Number (FEIN) field for the verification above, please use which this employer has identified as the corporate level FEIN associated with their account. The Work Number is in

the process of adding individual record level information to the FEIN field in the verification. If there is a number displayed in FEIN field from the above verification and it differs from the one appearing in this disclaimer message, please use the number from the FEIN field in the verification, as it is employee-

specific.

Division:

Employment Status:

No Longer Employed

Most Recent Start Date:

12/04/2014

Original Hire Date:

Data not provided

Termination Date:

04/04/2015

Total Time With Employer:

0 Years, 4 Months

Job Title:

0601-DRIVER

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7586 (Hearing impaired clients may call 1-800-424-0253 / TTY).



Visa



Equifax Verification Services

receipt

\$27.95

\$27.95

Total

St. Louis,Missouri 6314	6 Co	rifier: mpany: cool runnings ex rification Date: 6/17/201		
Pay	ment Information	Verific	ation Information	
Payment Type	Last Four Credit Card #s	SSN Verified	Reference #	Price

Thank you for using The Work Number®, a service of Equifax!

Equifax is a registered trademark of Equifax Inc. The Work Number is a registered trademark of TALX Corporation, a wholly owned subsidiary of Equifax Inc. Copyright © 2013, Equifax Inc., Atlanta, Georgia. All rights reserved

From:		12/4/2014 4/4/2015					
То:	COOL RON	ININGS EXP	Position Held:	DRIVER			
Subject:			,				
had a total information required be For any quantum and total	on disclosed onli by the DOT abo	ordable collis ly includes of out those coll ding DOT rec	sions while ccurrences isions are cordable a	working within to provided ccident i	with Ryder. Please be the last three calendar you below.	aware the	tails
Piodoc 011		· · · · · · · · · · · · · · · · · · ·			STORY AND RECORDS		:
11 AL:- AL:-	PROG A Per ever had a verific				STORT AND RECORDS	, □ Yes	✓ No
	ver ever naci a veriin ver ever refused a di			i and aduli	ered results)?	☐ Yes	✓ No
	er ever failed and a					Yes	✓ No
Has this driv	er ever refused and	f alcohol test?				Yes	✓ No
If you answe requirement		estions above,	has the drive	r complete	ed the DOT return-to-duty	☐ Yes	☐ No
alcohol test	ne driver successfu with a concentration cluding verified ad	n of .04 or highe	er, a verified (positive dr	eral, did the driver later have ug test, or a refuse to submit lits?	Yes	□ No
D	OT RECOR	DABLE C	OLLISI	ON HI	STORY		
DATE	CITY	STATE	FATALI TIES	INJU RIES	DESCRIPTION:	HAZ M SPIL	
02/25/15	MT VERNON	KY	0	0	IV HIT OV IN MOTION(NOT PARKED OR STOPPED	N 	

Information Current As Of 12/12/2014

Verification of Employment - Current & Previous

Order Information

Verification Type:

Employment Permissible Purpose:

Reference Number:

Employment purposes

Tracking Number:

NA

Employment

Employer:

Headquarters Address:

Street:

City:

State:

Zip Code:

Employer Disclaimer:

Reston

VA

20190

This is a global message and is provided on every

verification for your information and convenience.

Garnishment requests should be sent to:

Division:

Employment Status:

Most Recent Start Date:

Original Hire Date:

Termination Date:

Total Time With Employer:

Job Title:

Inactive

04/14/2014

Data not provided

12/03/2014

Data not provided

General Clerk II

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253 / TTY).



Information Current As Of 06/12/2015

Verification of Employment - Current & Previous

Order Information

Verification Type:

Employment

Permissible Purpose:

Employment purposes

Reference Number:

NA

Tracking Number:

Employment

Employer:

Headquarters Address:

Street:

City:

Miami FL

State:

Zip Code:

Employer Disclaimer:

For additional information on Drivers Please email

Ask_DOT_Compliance INFORMATION ABOU

If the message "Data Not Provided" is displayed in the Federal Employer ID Number (FEIN) field for the verification above, please use which this employer has identified as the corporate level FEIN associated with their account. The Work Number is in

the process of adding individual record level

information to the FEIN field in the verification. If there is a number displayed in FEIN field from the above verification and it differs from the one appearing in this disclaimer message, please use the number from the FEIN field in the verification, as it is employee-

specific.

Division:

3646

Employment Status:

No Longer Employed

Most Recent Start Date:

12/04/2014

Original Hire Date:

Data not provided

Termination Date:

04/04/2015

Total Time With Employer:

0 Years, 4 Months

Job Title:

0601-DRIVER

The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it is tamper-resistant and represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data Not Provided". Note: If this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253 / TTY).



Jun 17 15 05:03p

p. 1

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Is there a rebuttal statement attached (Yes) or (No) Contacts for rebuttals or corrections (VERIFICATION COMPLETED BY: THOO Deartier Mar Date: 6/18/15 Signoture Print name