

Hercules Transport, Inc.
3452 Highway 145 North
Choudrant, LA 71227



**APPLICATION
FOR
EMPLOYMENT**

Hercules Is An Equal Opportunity Employer

The information given on this form is for the use of **Hercules Transport, Inc.** It is the applicant's responsibility to answer each question fully and accurately. The use of this form does not indicate that there are positions open and does not in any way obligate **Hercules Transport, Inc.**

SECTION 1 – Employment Interest

Position Applied For: _____ Today's Date: _____
Location/District/Branch: _____ Salary Desired: _____
How did you hear about this opening? _____ Date Available to work: _____

SECTION 2 - Personal

Name (First, Middle, Last Names) Social Security No. _____

Address (Street, City, State & Zip Code) Telephone No. _____
Have you ever been employed by this Company or any affiliated company? ☐ YES ☐ NO
Do you have any relatives employed by this Company or any affiliated company? ☐ YES ☐ NO
If yes, state their name, relationship and their work location. _____
Have you ever been convicted of a crime? ☐ YES ☐ NO
If yes, explain and give dates: _____

SECTION 3 – Education and Training

Give Name of School and Location

Name of High School	City, State	Graduated: Yes or No	
Name of Business or Technical School	City, State	Year Graduated	Degree/Diploma
Name of College or University	City, State	Year Graduated	Degree/Diploma
Name of Graduate School	City, State	Year Graduated	Degree/Diploma

List Any Professional Licenses, Certifications or Memberships Relevant to The Position For Which You Are Applying:

SECTION 4 – Employment History

List each job position that you have held beginning with the most recent. If you need additional space, please use a separate sheet of paper. If you are applying for a non-driving position and attach your resume to this application, you do not need to repeat any information here that is already on your resume. **AC-COUNT FOR ANY PERIODS BETWEEN JOBS, including dates and reason.**

All applicants wishing to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three totaling ten (10) years of employment.

EMPLOYER NAME: _____ Phone No. () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ☐ Yes ☐ No

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 ☐ No

EMPLOYER NAME: _____ Phone No. () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ☐ Yes ☐ No

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 ☐ No

EMPLOYER NAME: _____ Phone No. () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ☐ Yes ☐ No

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 ☐ No

EMPLOYER NAME: _____ Phone No. () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ☐ Yes ☐ No

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 ☐ No

SECTION 5

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

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

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus (greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach – School Bus (greater than 15 passengers)	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____	_____

Accident History (3 years)

If no accidents within the last 3 years – check here ☐

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES?	INJURIES?	HAZARDOUS SPILL?
_____	_____	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 <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 <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 <input type="checkbox"/>

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here ☐

DATE CONVICTED (month/year)	VIOLATION (other than parking only)	STATE OF VIOLATION	PENALTY (forfeited bond, collateral, and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date	Class	Endorsements
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give details _____				
B. Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give details _____				

MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27)

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER / STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted for forfeited bond or collateral during the past twelve (12) months and that the above driver's license is the only license under which I have operated during the past twelve (12) months.

If you have had no violations, check the following box- None ☐

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed the past 12 months.

Date of Certification: _____ Driver's Signature: _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed By:			
Signature		Date	
Printed Name		Title	
Motor Carrier Name		Motor Carrier Address	

APPLICANT'S CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it, including any attachments, are true and complete to the best of my knowledge.

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history or other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

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

I give the Company the right to make a thorough investigation of any of the information I have provided and to perform both reference and background checks. My signature below authorizes all current and prior employers, educational institutions and branches of the United States Armed Services, whether listed above or not, to furnish the Company with complete information concerning my employment, academic transcripts and service records. The information requested may include inquiries regarding my work habits, abilities and the cause of my separation.

I release each of the above references and the Company from any liability for damages that might result from the furnishing of or the use of any of this information.

I understand that if an employment offer is extended, I may be required to successfully complete, at the Company's expense, a physical examination and a substance abuse screening. I also understand that employment is conditioned on my ability to establish identity and employment eligibility under the Immigration and Reform and Control Act of 1986.

No circumstances, written or oral offers of employment, or other benefits related to employment shall be viewed as establishing an employment contract unless there is an explicit, written employment contract executed solely for that purpose.

Signature: _____

Date: _____

HERCULES TRANSPORT, INC.

AUTHORIZATION FOR BACKGROUND CHECK

In connection with my application for employment with Hercules Transport, Inc. ("Company") I understand that a consumer report or an investigative consumer report, as those terms are defined in the federal Fair Credit Reporting Act as amended ("FCRA"), 15 U.S.C. 1681 *et seq.*, may be obtained by the Company from a consumer reporting agency ("Agency"). I further understand that my prospective employer may contact my present or previous employer(s) to verify certain employment information, and that information about me cannot be divulged without my written consent. It is also understood that the Agency may not report medical information about me to the Company without my specific prior consent as to the release of such information, which is in addition to my general authorization herein.

I understand that an investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics and mode of living, whichever are relevant to my proposed job duties, is obtained through personal interviews. In the event that an investigative consumer report is obtained, I understand that I (a) am entitled to receive a summary of my rights, and (b) have the right to request additional disclosures provided for below as follows:

Upon my written request to the Company within a reasonable period of time after my receipt of this *Fair Credit Reporting Act Consumer Disclosure and General Authorization*, the Company shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing and mailed or otherwise delivered to me not later than five (5) days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

I hereby authorize the Company now, or at any time while I am employed by the Company, to obtain a consumer report, to verify employment information from a prior employer or to obtain an investigative consumer report on me as applicable. This authorization **does not include** the release of my medical information.

Personal Information	7 Years Residency	From/To
Date of Birth*: _____	_____	_____
Soc. Sec. No. _____	Street Address _____	_____
	City State Zip _____	_____
Applicant's Signature _____	Street Address _____	_____
Printed Name _____	City State Zip _____	_____
Today's Date _____	Street Address _____	_____
	City State Zip _____	_____

* This information is used for purposes of identification only with the exception of drivers as it is required by DOT regulations. Hercules follows federal regulations that prohibit discrimination in employment on the basis of age, gender, race, color, creed, religion or national origin. **Hercules is an Equal Opportunity Employer.**



EEO Statistical Data Form

Dear Job Seeker:

Hercules Transport, Inc., including its affiliated companies, does not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, national origin, marital or veteran status, physical or mental disability, on-the-job injuries, age, sexual orientation or other legally protected status, unless there is a bona fide occupational requirement reasonably necessary to the operation of our business. As a government contractor, Hercules Transport, Inc. is required to gather and maintain statistical information on sex and race/ethnicity.

This data is for statistical analysis and affirmative action only. Completion of this form is voluntary on your part. It is kept separate from your application and plays no part in consideration for employment and will not become part of your personnel file if you are employed. To fulfill our commitment to affirmative action and our requirements as a government contractor, we would appreciate your supplying the information requested below.

INSTRUCTIONS: *Please check the box corresponding to the correct response(s) in each of the categories below.*

Position/Title Applying for: _____ Requisition Number: _____

Name: _____ Date: _____

SEX/GENDER

- ☐ Male
☐ Female

RACIAL/ETHNIC GROUP IDENTIFICATION SELECT ONE ONLY:

- ☐ Hispanic or Latino

If you did *not* select Hispanic or Latino, then check the appropriate box below:

- ☐ White (*Not Hispanic or Latino*)
☐ Black or African American (*Not Hispanic or Latino*)
☐ Native Hawaiian or Other Pacific Islander (*Not Hispanic or Latino*)
☐ Asian (*Not Hispanic or Latino*)
☐ American Indian or Alaska Native (*Not Hispanic or Latino*)
☐ Two or More Races (*Not Hispanic or Latino*)

☐ I elect not to provide this information at this time Name _____ Date _____

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History

(As Required by 49 CFR Parts 40.25 and 391.23)

SECTION A—TO BE COMPLETED BY DRIVER APPLICANTS ONLY - PLEASE PRINT CLEARLY

Applicant Name: _____ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ - _____ - _____

• I, as the Applicant named above, understand that as a condition of hire with Hercules Transport, Inc., and any of its subsidiaries, I must consent to release to Hercules Transport, Inc. the results of all DOT mandated drug and/or alcohol information from all employers for whom I worked in a DOT safety-sensitive position or took a DOT pre-employment drug test during the previous three (3) years for all DOT agencies.

• I hereby authorize my previous employers to furnish Hercules Transport, Inc., and any of its subsidiaries, the DOT information described below.

Previous Employer: _____ **Address:** _____

Phone: _____ **Fax:** _____

Dates of Employment: _____

• I have read and fully understand this authorization to release my previous drug and alcohol test information to Hercules Transport, Inc., as identified by the check boxes below. In signing below, I certify all of the information I have furnished on this form to be true and complete, and that I have identified all of the employers for whom I have worked in a DOT safety-sensitive position during the previous three (3) years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty and follow-up testing yet to be completed.

• I do hereby authorize you to release the following information to Hercules Transport, Inc. and any of its subsidiaries or agents, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

- ☐ Check this box if you have NOT performed DOT functions in the past 3 years.
- ☐ Check this box if you have tested positive or refused any DOT pre-employment drug or alcohol test for any employer who did not hire you during the past three (3) years.

Applicant Signature: X _____ **Date:** _____ - _____ - _____

SECTION B—PROSPECTIVE EMPLOYER

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please fax/mail or email the following information to:

Hercules Transport, Inc.

Attn: Jamie Land, P.O. Box 536, Choudrant, LA 71227

Phone: 318-768-2534, Fax: 318-768-2295, Email: jamie@herc.net

SECTION C—TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?....Yes ☐ No ☐
2. Has this individual had verified positive drug tests?.....Yes ☐ No ☐
3. Has this individual refused to be tested, including verified adulterated or substituted drug tests results?.....Yes ☐ No ☐
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?....Yes ☐ No ☐
5. Did a previous employer report a drug or alcohol rule violation to you?.....Yes ☐ No ☐

If Yes, you must provide previous employer's report even though it may be outside the three (3) year time period.

6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?.....Yes ☐ No ☐

If Yes, you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.)

7. If you referred the individual to a Substance Abuse Professional, please supply the Name, Address and phone # for the SAP below.

Name: _____ Address: _____ Phone: _____

8. Did the above name applicant drive a commercial motor vehicle (CMV) for you?.....Yes ☐ No ☐

If yes, what type?

☐ Straight Truck ☐ Tractor/Semi Trailer ☐ Bus ☐ Cargo Tank ☐ Double/Triples

☐ Other (Specify) _____

9. Are the listed employment dates for your company above correct?.....Yes ☐ No ☐

If no, please provide correct dates: _____ to _____

10. Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Layoff ☐ Military Duty

☐ Other (Specify): _____

11. Was the applicant's general conduct satisfactory?.....Yes ☐ No ☐

12. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5?....Yes ☐ No ☐

If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.

	Date	Location	# of Injuries	# of Fatalities	HazMat Spill
1.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information 391.23(d)(2)(ii)).

Previous Employer Name (Print): _____ Title: _____

Signature: _____ Phone: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Employer Witness Signature: _____ Date: _____



DRIVERS JOB DESCRIPTION AND ESSENTIAL FUNCTIONS:

Drives and operates tractor/trailer combinations. Operates and handles valves, hoses, pumps, PTO's, etc., that are required for loading and unloading of product(s). Must operate an on-board computer and printer for ticket preparation and submission if such computer and/or printer are provided by Employer in the truck. Must prepare and complete daily paperwork, which includes, but is not limited to: driver logs, fuel receipts, Motor Vehicle Condition reports, etc. Requires the ability to climb 20' stairways often during the workday. Must lift heavy hoses (50 lbs.). Must bend and twist to operate valves and various connections. Prefer High School Diploma or equivalent. Requires minimum two (2) years tractor/trailer driving experience, a valid Commercial Drivers License (CDL) with Tank and HazMat endorsement, valid TWIC card, and a passing result Department of Transportation (DOT) required physical, drug screen and alcohol test, Spirogram/Pulmonary Function and Mask Fit Test. Driver should have no more than two (2) moving violations during the past three (3) years and must complete up to two (2) weeks of on the job training. Directly reports to Field Supervisors and District Manager.

I, _____, have read and understand the requirements of the job description and essential functions listed above that are necessary for performing the driver position for which I have applied. I further understand that the driver position I have applied for is contingent on my ability to meet all State and Federal requirements specified in Title 49 of the Code of Federal Regulations.

I further understand that the company reserves the right to not offer me employment based on the results and findings of the required background check as described in Title 49 of the Code of Federal Regulations. The company reserves the right to terminate any further employment gained as a result of any falsification of information provided to Hercules Transport, Inc.

Print Name: _____

Signature: _____

Date: _____

Witness: _____

**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 Hercules Transport, 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 Hercules Transport, 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.

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



DRIVER ELIGIBILITY REQUIREMENTS

Hercules Transport, Inc. requires that all driver applicants provide a release to obtain MVR transcript (driving record), as well as additional releases as noted below on the following CMV (Commercial Motor Vehicle) driver's application.

Sign PSP release (Pre-Employment Screening Program) release:

- Prior to the date of hire
- Once each year thereafter for Annual Review
- After the driver's involvement in a crash which must be reported to the FMSCA or any governing agency.

MVRs will be evaluated to determine the driver's eligibility according to the requirements established by federal and company regulations.

Driver Eligibility requirements listed are minimum requirements for all drivers employed or contracted through lease agreements by Hercules Transport, Inc. New driver candidates must meet the following criteria prior to obtaining employment and maintain these standards while employed:

- Be at least 23 years of age.
- Class A CDL with HazMat & Tank endorsement at the time of hire.
- Driver must have 2 years over the road experience in an 18-wheeler.
- Driver may not have more than two (2) moving violation citations on MVR, PSP reports in the past three (3) years.
- No record of involvement in more than one (1) chargeable (at-fault) crash and more than two (2) moving violations in the previous 36 month period prior to hire date.
- No record of a driver's license suspension or revocation during the 36-month period prior to the hire date.
- No record of a disqualifying offense on CDLIS (Commercial Drivers License Information System) while operating a CMV.
- Possess a Valid TWIC card.
- New drivers 65 or older must be approved by the insurance company in advance before offer of employment.
- Sign release forms including PSP (Pre-Employment Screening Program) for background checks and employment verification.
- Be able to read and write the English language.
- Have a working phone (or cell phone).
- Be able to provide a valid physical address, not a Post Office Box.
- Be knowledgeable of the DOT requirements for the safe operation of CMVs.
- Must have dependable transportation to and from work location.
- Must be able to pass LPG Commission or TX RR Commission testing requirements.
- Be able to pass DOT drug and alcohol test.
- Be able to pass DOT physical examination without restrictions.
- Be able to pass Spirogram/Pulmonary Function Test by at least a Category II or better and Mask Fit Test.

Nothing in this list of requirements shall be interpreted to be the only factor(s), which are considered in the final decision to employ a potential applicant for a driving position within Hercules Transport, Inc. The final decision shall be made based on the accuracy and completeness of information provided by the applicant and reports which are obtained through investigations and responses from prior employers in accordance with the applicable regulations which govern the safe operation of Commercial Motor Vehicles as described in CFR Title 49, Parts; 40, 380, 382, 387, 390-397, 399.*

*These requirements are subject to change without prior notice in order to comply with regulations of Federal, State, and local government as well as Hercules Transport, Inc. If you cannot meet all these requirements, please do not ask for an application package.

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06/23/17

Please include a copy of:

- Driver's License (front & back)
- Social Security Card
- TWIC, if available

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

**Federal law requires
all employers
to verify the identity and
employment eligibility
of all persons hired to work
in the United States.**

Employment Verification.  **Done.**

For more information on E-Verify,
please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA