

SandBox Transportation, LLC



SandBox™
Transportation, LLC

DRIVER APPLICATION

**Please fax back to Cameron Oren at
713-840-1510 or email back to
hr@sandboxlogistics.com**

For further questions call 832-558-1949

Applicant,

Please put **10 years of employment** history on application.

We will need to verify at least the last 3 years of your employment; two of these three years must be driving. Please furnish good phone numbers for the last 5 years.

Please sign release, fair credit, and the top part of the Safety Performance Sheet under the section labeled "Applicant".

We will be running both an MVR and a criminal check. You must not have more than 2 moving violations, or an accident and one moving violation in the last three years.

DRIVER'S APPLICATION

Company Owner/Operator


SandBox Transportation LLC
3200 SW Freeway, Suite 1310
Houston, TX 77027
Ph 281-949-8400
Fax 713-840-1510

AUTHORIZATION *Sign and Date Below*

I hereby authorize the Company upon execution of this consent form, to investigate the information contained in my employment application and any other background information (which may include but is not limited to my creditworthiness, credit standing, motor vehicle reports, credit capacity, criminal background, driving background, character, general reputation, personal characteristics, and mode of living), for the purpose of obtaining information relevant to my qualifications for employment, and unless prohibited by applicable law, my continued employment, retention, promotion, demotion, or any other employment purpose. I understand and agree that the Company or an outside consumer reporting agency may secure a consumer report or an investigative consumer report, as defined in the federal Fair Credit Reporting Act and any applicable state or local laws, from an outside consumer reporting agency. **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. 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 SandBox Transportation, LLC and the Pinch Group of Companies. 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 have reviewed and understand all terms in the Disclosure section. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

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

 **Signature** _____ **Date** _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

_____ LAST NAME	_____ FIRST NAME	_____ MI		
_____ STREET ADDRESS	_____ NO.	_____ CITY	_____ STATE	_____ ZIP
_____ STREET ADDRESS	_____ NO.	_____ CITY	_____ STATE	_____ ZIP
_____ STREET ADDRESS	_____ NO.	_____ CITY	_____ STATE	_____ ZIP
() _____ HOME PHONE	() _____ ALT. PHONE			
_____ SOCIAL SECURITY	_____ DATE OF BIRTH			
_____ LICENSE NO.	_____ STATE	_____ EXPIRATION DATE	_____ CLASS	

DRIVING EXPERIENCE

Type of Equipment

Years of Experience

Years/Miles Driven

1. _____ | _____ | _____ | _____

2. _____ | _____ | _____ | _____

3. _____ | _____ | _____ | _____

ACCIDENT RECORD

(Previous Three Years)

Accident Dates

Type of Accident

Fatalities

Injuries

1. _____ | _____ | _____ | _____

2. _____ | _____ | _____ | _____

3. _____ | _____ | _____ | _____

TRAFFIC CONVICTIONS

(Previous Three Years)

(Excluding parking violations)

Location

Date

Charge

1. _____

2. _____

3. _____

LICENSE AND CRIMINAL BACKGROUND

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES NO

B. Has any license, permit or privilege ever been suspended or revoked?

YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?

YES NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

EMERGENCY CONTACT: _____ PHONE: (____) _____
Name

RELATIONSHIP: _____

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer:

Name of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
Contact Person: _____ Phone: _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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 of Company: _____
 Contact Person: _____ Phone: _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving _____ Type of Trailer: _____
 Were you subject to the FMCSRs† 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 of Company: _____
 Contact Person: _____ Phone: _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving _____ Type of Trailer: _____
 Were you subject to the FMCSRs† 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 of Company: _____
 Contact Person: _____ Phone: _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving _____ Type of Trailer: _____
 Were you subject to the FMCSRs† 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 of Company: _____
 Contact Person: _____ Phone: _____
 Address: _____ City _____ State & Zip _____
 Position Held: _____ From _____ To _____
 Reason for Leaving _____ Type of Trailer: _____
 Were you subject to the FMCSRs† 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

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†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 designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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



Signature _____

Date _____

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/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.



Applicant's Signature

Date

Print Name

Social Security Number

SAFETY PERFORMANCE HISTORY

APPLICANT: ONLY COMPLETE TOP PORTION OF THIS DOCUMENT

NAME: _____ SSN: _____ DOB: _____

SIGNATURE: _____ DATE: _____

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from the date of application to (In compliance with 40.25 (g) and 391.23 (h) of the FMCSRs):

SandBox Transportation, LLC
3200 SW Freeway, Suite 1310
Houston, Texas 77027
PH 281-949-8400
FAX 713-840-1510

FOR PREVIOUS EMPLOYER ONLY (applicant does not need to fill out below):

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY, ST, ZIP: _____ CONTACT: _____

Applicant named above was employed and/or contracted by the company.

DATES OF EMPLOYMENT: _____ TO _____

POSITION HELD: Driver Warehouse/Forklift Other: _____

Did he drive a commercial motor vehicle? YES NO

TYPE OF EQUIPMENT OPERATED:

Tractor-Semi Trailer Straight Truck Bobtail Bus Forklift Crane
 Other: _____

TYPE OF TRAILER PULLED:

48' - 57' Dry Van Dry Van (Other) 40' - 57' Flatbed Flatbed (Other)
 48'-57' Reefer Reefer (Other) Gooseneck or Stepdeck OR Stepdeck (Other)
 Doubles and Triples TANKER Other: _____

SEPARATION REASON:

Resigned Terminated Lay-Off Terminal/Company Closed
 N/A — Still Employed

ACCIDENT REGISTER (390.15 (b)):

None to Report
 Applicant was involved in the following:

DATE: _____	LOCATION: _____	<input type="checkbox"/> Injuries	<input type="checkbox"/> Fatality	<input type="checkbox"/> HAZMAT Spill
DATE: _____	LOCATION: _____	<input type="checkbox"/> Injuries	<input type="checkbox"/> Fatality	<input type="checkbox"/> HAZMAT Spill
DATE: _____	LOCATION: _____	<input type="checkbox"/> Injuries	<input type="checkbox"/> Fatality	<input type="checkbox"/> HAZMAT Spill

SIGNATURE: _____ TITLE: _____ DATE: _____

DRUG AND ALCOHOL HISTORY

- Driver was not subject to the Department of Transportation (DOT) Drug and Alcohol Testing Requirements while employed/contracted by the company.
- Driver was subject to the DOT Drug and Alcohol Testing Requirements while employed/contracted by the company, and the applicant:
- Has had an alcohol test with a result of 0.04 or higher alcohol concentration.
- Has tested positive, adulterated, or substituted a test specimen.
- Has refused to submit to any Drug and Alcohol test as required by the DOT and/or company regulations.
- Has committed other violations of Subpart B of Part 382 or Part 40 of the Federal Motor Carrier Safety Regulations.
- This person has violated a DOT Drug and Alcohol Regulation and has completed a S.A.P. Prescribed Rehabilitation Program under your employment.

SUBSTANCE ABUSE PROFESSIONAL (S.A.P):

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____

- This person, after completing the S.A.P. Prescribed Program, has had an Alcohol Test of 0.04 or greater, a verified positive Drug Test, and/or a refusal to be tested.

THIS FORM WAS:

- Faxed to Previous Employer Mailed Verbal By Phone

INFORMATION WAS PROVIDED BY:

NAME: _____

COMPANY: _____

PHONE: _____

SIGNATURE: _____ TITLE: _____ DATE: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

EMPLOYEE ALCOHOL AND DRUG 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 and 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 function for you, until and unless the employee documents successful completion of the return-to-duty process (See 40.25(b)(5) and (e))

Company Name SandBox Transportation, LLC

Address 3200 SW Freeway, Suite 1310, Houston, TX 77027

City Houston

State Texas

Zip 77073

Employee Name _____

Employee ID # (Last 4 of SSN) _____

The employee is required by Sec. 40.25 to respond to the following question:

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?

Circle one Yes No

Employee Signature _____ Date _____

Company Rep Signature _____ Date _____



Drug and Alcohol Abuse Policy

To ensure a safe and productive work environment during company activities and to safeguard the company prohibits the use, sale, transfer and I or possession of drugs, inhalants or alcohol beverages or being impaired or under the influence of alcohol or any controlled substance on any Company premises, parking lot, work site, in any Company vehicle or while employees are conducting business.

Also, the Company strictly prohibits any visitor or subcontractor from being on Company premises or work sites while in a state of impairment due to drugs, inhalants or alcoholic beverages. Any individual found in violation will be refused entry onto, or removed from the Company's premises or work sites.

In addition to pre-employment drug/alcohol testing, the Company periodically conducts random drug/alcohol testing and reserves the right to test individual employees if drug/alcohol use is suspected. Refusal to take a requested drug/alcohol test or a positive result will be considered grounds for immediate termination of employment.

Excluded is the legitimate possession and proper use of medications specifically prescribed for the user by a licensed physician. Over-the-counter medications are also excluded, provided that such medications are used in strict compliance with the prescription and/or manufacturer's directions and that the use of the medication(s) does not impair the employee's ability to perform his/her job.

Any employee who is taking any legal drug, prescription or over-the-counter medication that may impair their safety, performance or motor functions must advise his/her supervisor before reporting to work. Employees who must take prescription or over-the counter medications at work must keep such medication in their original containers or packaging which identify the drug, and if applicable the date of the prescription and the prescribing physician.

A company authorized representative may request to see the prescription in order to verify its legal use. Abuse of any prescribed or other drug is strictly prohibited and violation of this policy shall result in disciplinary action up to and including termination.

Print Name: _____

Signature: _____

Date: _____

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.

LAST UPDATED 12/22/2015