

LONGHORN, LLC



Thank you for your interest in becoming a part of Longhorn, LLC. Longhorn, LLC has a solid reputation of providing excellent service. Our team maintains a high level of excellence and professionalism at all times, assuring that shipments arrive safely and on schedule. .

In addition to this application, please provide:

- Copy of current Medical Long Form & Medical Certificate
- Clear and readable copies of your Driver's License & Social Security Card
- Clear copy of your TWIC card

All forms **MUST** be completed for your application to be processed.

All previous employer information **MUST** be written out (phone numbers, emails, reason for leaving).

If you would like to fax your application please fax it to (561) 455-9995. The original must be saved to be put on file.

For your application to be processed promptly, please call our hiring agent, Cori Correra, to go over these attached forms.

Thank you for your interest in joining our team and we look forward to hearing from you soon!



www.Longhornllc.net
(561) 687-1120 (O)
(561) 455-9995 (F)



APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital or veteran status, or any other legally protected status.

Date of Application

Contractor

YES

NO

Name

Address

City

State/Zip Code

Phone

Cell Phone

E-mail

Social Security #

Referred by

Three years previous address

From

To

From

To

From

To

Best time to contact

Have you ever submitted an application with us? Yes No If yes, when?

Have you ever been employed with us before? Yes No If yes, when?

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the US because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment)

Yes No

Have you ever been convicted of a felony?

Yes No

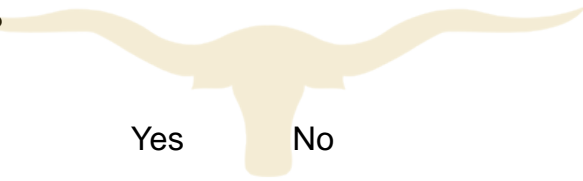
If yes, please explain

Date available for work

How long have you had a CDL? (years, months)

Do you currently have a TWIC card? Yes No

LONGHORN, LLC



EDUCATION

SCHOOL Name & Address Course of Study Years Completed Diploma/Degree

High School

Undergraduate

Graduate/Professional

Other

WORK EXPERIENCE

Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. Please provide a 10-year history.

Employer	From	To
	<input type="text"/>	<input type="text"/>
Address	City	State/Zip
Phone	Starting Wages	
Job Title	Final Wages	
Supervisor	Reason For Leaving	

LONGHORN, LLC

May We Contact? Yes No

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	From	To
	<input type="text"/>	<input type="text"/>
Address	City	State/Zip
Phone	Starting Wages	
Job Title	Final Wages	

Supervisor

Reason For Leaving

May We Contact? Yes No

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

From

To

Address

City

State/Zip

Phone

LONGHORN, LLC

Starting Wages

Job Title



Final Wages

Supervisor

Reason For Leaving

May We Contact? Yes No

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

From

To

Address City State/Zip

Phone Starting Wages

Job Title Final Wages

Supervisor Reason For Leaving

WORK EXPERIENCE

May We Contact? Yes No

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 From To

Address City State/Zip

Phone Starting Wages

Job Title Final Wages

Supervisor Reason For Leaving

May We Contact? Yes No

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

WORK EXPERIENCE

Please fill in your current history of experience with the following equipment:

TRUCKS

Freightliner Years Transmission

Volvo Years Transmission

Peterbilt Years Transmission

Sterling Years Transmission

International Years Transmission

Other Years Transmission

TRAILER

Cottrell Years Model

Boydstun Years Model

Delevan Years Model

Other Years Model



LONGHORN, LLC



APPLICATION FOR EMPLOYMENT

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Longhorn, LLC.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size used to transport hazardous materials in a quantity requiring placarding.*

*Age

Date of Birth

*The Age Discrimination of Employment Act 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

DRIVING EXPERIENCE

Auto Transport	From (Month/Year)	To (Month/Year)	Approx. # of Miles
Straight Truck	From (Month/Year)	To (Month/Year)	Approx. # of Miles
Tractor & Semi-trailer	From (Month/Year)	To (Month/Year)	Approx. # of Miles
Tractor-two trailers	From (Month/Year)	To (Month/Year)	Approx. # of Miles
Tractor-three trailers	From (Month/Year)	To (Month/Year)	Approx. # of Miles

List of states operated in, for the last five years:

List special courses/training completed (DDC, HazMat, Etc.):

List any Safe Driving Awards you hold and from whom:

Accident record for past three years (attach sheet if more space is needed)

Date of Accident Nature of Accident (Head on, rear end, etc.)

Location of Accident # of Fatalities # of Injuries

Date of Accident Nature of Accident (Head on, rear end, etc.)

Location of Accident # of Fatalities # of Injuries



Traffic Convictions and Forfeitures for the last three years (other than parking violations):

Date Location Charge Penalty

Date Location Charge Penalty

Date Location Charge Penalty

Driver's License (list each driver's license held in the past three years):

State License # Type Endorsements Exp. Date

State License # Type Endorsements Exp. Date

Comments: (Including explanation of any gaps in employment)

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

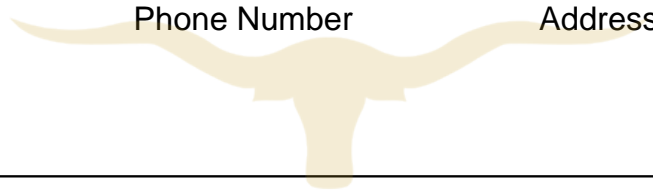
PERSONAL/PROFESSIONAL REFERENCES
(Do not include family members or past supervisors)

Name Phone Number Address

Name Phone Number Address

LONGHORN, LLC

Name Phone Number Address





PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 - pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements

- a. A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substance testing as a pre-qualification condition.
- b. A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c. Prior to collection of urine sample under 391.107 of this subpart, a driver- applicant shall be notified that the sample will be tested for the presence of controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above condition for the Pre-Employment Urinalysis Notification.

Driver
Signature

Date



REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY

DRIVER TO COMPLETE THIS SECTION ONLY

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) part 391.21, the following information will be required from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below, I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the SMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Driver's Signature

SSN

D.O.B.

Today's Date

PREVIOUS EMPLOYER INFORMATION

Previous
Employer

Phone #

Contact
Person

City,
State,
Zip

Mailing
Address

Fax #



SECTION I - PAST EMPLOYER TO COMPLETE DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant, check here.

If applicant did not hold a driving position or was not subject to testing, check here.

Any alcohol test with a result of 0.04 or higher alcohol information?	Yes	No
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Any verified positive drug test?	Yes	No
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Any refusals to be tested (including verified adulterated or substituted drug test results)?	Yes	No
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Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	Yes	No
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If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or refusal to test (including a verified adulterated/substituted drug test result)?	Yes	No
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If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests? If they remained in your employ.*	Yes	No
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*If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.



EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I,

am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of _____ be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature

Date

License # and print full name and date

EMPLOYER ATTESTATION

1. That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
2. That HADLEY & LYDEN, INC. is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
3. That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire, and commercial motor vehicles as defined in Chapter 46.25 RCW.
4. That the information contained in the abstracts of driver records obtained from the Florida State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

Name

Title

Signature

Date

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Florida may result in prosecution under RCW 46.52.130.



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.250) 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)

ID No.

The prospective employee is required by Sec. 40.250) to respond to the following questions

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?

Yes

No

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

Yes

No

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

Prospective Employee Signature

Date

Witnessed By Signature

Date



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Longhorn, LLC.

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Signature

Date

In accordance with the provisions of Sections 604 and 607 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 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a “permissible purpose” (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant’s release notice meet the definition of “permissible uses” of state motor vehicle records under the provisions of the Driver’s Privacy Protection Act of 1994 (Public Law 103-322, Title Sections 300002(a)).

Requester 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 Longhorn, LLC (“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 Longhorn, LLC ("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.

Name

Date

Signature

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.



BACKGROUND CHECK AUTHORIZATION AND RELEASE

Longhorn, LLC may seek and obtain information about you from an investigative reporting agency for employment purposes. You may be the subject of investigative reports which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. The nature and scope of the investigative reports that will be obtained with your regard to your application for employment will be in the following areas:

- Arrest and criminal convictions

These reports may be conducted by an accredited and reputable reporting agency or by another entity or person, and we may conduct some research ourselves. The scope of this notice and authorization is all-encompassing, however, allowing Longhorn, LLC to obtain from any outside organization all manner of investigative reports to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to consent to and request disclosure of the nature and scope of any such investigative report(s).

1. I understand that in connection with my application for employment an investigative report will be obtained. This report or these reports may contain information, but is not limited to, as my character, general reputation, personal characteristics or mode of living, a criminal background history, and the additional matters indicated above and as not prohibited by law.
2. I understand that prior to taking an adverse action based, in whole or in part, on the information contained in my investigative report, a copy of the report will be provided to me. Upon written request, within a reasonable period of time after my receipt of this disclosure, a complete and accurate disclosure of the nature and scope of the investigative reports, which may involve personal interviews with sources such as neighbors, friends and associates, will be made to me. This disclosure shall be made in writing no later than 5 days after the date on which the request for such disclosure was received or such report was first requested, whichever is later.
3. The information requested will be used in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore, I understand that if I am denied employment because of information contained in whole or in part in investigative reports, I have the right to be notified and given the name and address of the agency or source that provided the information.



4. I hereby authorize, without any reservation, any party be contacted by Longhorn, LLC or its agents, to furnish the information described in section 1.

5. I understand that a fax, photographic or electric copy of this consent and release shall be valid as the original.

6. I hereby release the agent and employers and all other persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

7. I have read and understand this form, and have been given the opportunity to consult with my independent legal advisor. By my signature below, I consent to the release of information as defined above, in conjunction with my application for employment and my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time.

Name

Date

Signature



The following is for identification purposes only to perform the background check/ and will not be used for any other purpose:

Print Name

Date

Applicant Signature

D.O.B.

Social Security Number

Driver's License Number, State

Current Physical Address

Previous Addresses (Last 7 Years)

Any other names I have been known by (including maiden name)



OWNER / OPERATOR SUPPLEMENTAL INFORMATION

1. Owner/Operators are paid 84% of revenue for freight transported, less expenses incurred in the transport of that freight (such as taxes, insurance, surveys, etc.).
2. A \$6,000.00 deposit is required for claims and unpaid debts in the event of contract termination. This is collected in monthly installments and held in a separate escrow account. Upon separation from the lease, the funds are held for a period of forty-five (45) days. These funds are not available for use during the term of the lease.
3. Longhorn, LLC provides Liability, Umbrella Liability, and Cargo Insurance; premiums are deducted from the monthly settlements.
4. Physical Damage/Bobtail Liability insurance is available also. This is a separate policy, sponsored by Longhorn, LLC. Premiums are charged monthly, and deducted from settlements. Premiums are based on the values of the truck and trailer. If your truck & trailer are financed, you will be required to have this type of insurance, but you are not required to purchase it through Longhorn, LLC.
5. Direct Deposit is available. Owner/Operator or driver must supply a blank voided check for the account the deposits are to go to.
6. Longhorn, LLC has an EFS account for Owner/Operators and drivers. Fuel cards are available for use by Owner/Operators, there is a transaction fee for non-network transactions.
7. Use of the fuel card is limited to stations in the fuel network.
8. Expenses paid by Longhorn, LLC on behalf of Owner/Operators or drivers are charged back, including but not limited to costs of surveys, auction cars pulled, and road taxes. Other than fuel card usage, Owner/Operators are not allowed to charge anything to the company.
9. Payment may be delayed for deliveries if paperwork is incomplete or not submitted in time for settlement processing. Cutoff is the 7th business day before pay day.