Lakes TRANSPORTATION LLC
Moncks Corner SC
843-771-8168

INDEPENDENT CONTRACTOR/SUBCONTRACTOR APPLICATION

In compliance with Federal and State equal employment opportunity laws, all qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____
Last First Middle

Social Security No:_____ Home Phone No:_____

Cell Phone No:_____ Email:_____

List of addresses of residency for the past 3 years

Current Address

_____ _____ _____ _____ _____
Street City State Zip How Long

Previous Address

_____ _____ _____ _____ _____
Street City State Zip How Long

_____ _____ _____ _____ _____
Street City State Zip How Long

_____ _____ _____ _____ _____
Street City State Zip How Long

Have you ever been convicted of a felony? YES NO
Have you ever been convicted of a DUI? YES NO
Do you have legal rights to work in the U.S.? YES NO

Date of Birth: _____/_____/_____

Are you presently working as a driver _____ If not, how long since leaving last company _____

WORK HISTORY

All driver applicants who drive in interstate commerce must provide the following information for the past 7 years for those companies for whom the applicant has worked for. Please complete all required information.

List companies in order starting with the most recent. Add another sheet as necessary.

COMPANY	Were you in a safety sensitive function workplace subject to DOT drug & alcohol testing? **YES** **NO**
NAME:	FROM: MO. YR. TO: MO. YR.
ADDRESS:	SUBJECT TO FMCSR? **YES** **NO**
CITY:	POSITION HELD:
PHONE & CONTACT:	REASON FOR LEAVING:

COMPANY	Were you in a safety sensitive function workplace subject to DOT drug & alcohol testing? **YES** **NO**
NAME:	FROM: MO. YR. TO: MO. YR.
ADDRESS:	SUBJECT TO FMCSR? **YES** **NO**
CITY:	POSITION HELD:
PHONE & CONTACT:	REASON FOR LEAVING:

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COMPANY	Were you in a safety sensitive function workplace subject to DOT drug & alcohol testing? **YES** **NO**
NAME:	FROM: MO. YR. TO: MO. YR.
ADDRESS:	SUBJECT TO FMCSR? **YES** **NO**
CITY:	POSITION HELD:
PHONE & CONTACT:	REASON FOR LEAVING:

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 more than 8 passengers (including driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

IF NONE, WRITE NONE/ATTACH SHEET IF MORE SPACE NEEDED. LIST STARTING WITH MOST RECENT.

DATE	NATURE OF ACCIDENT	AT FAULT	INJURIES	FATALITIES

MOVING TRAFFIC VIOLATIONS/LICENSE SUSPENSIONS FOR THE PAST 3 YEARS
IF NONE, WRITE NONE/ATTACH SHEET IF MORE SPACE IS NEEDED.

DATE	LOCATION	CHARGE	PENALTY

DRIVERS LICENSES #_____

STATE LICENSE ISSUED_____ EXPIRATION DATE_____

TYPE/ CLASS_____ RESTRICTIONS_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? **YES** **NO**

Has any license, permit, or privilege ever been suspended or revoked? **YES** **NO**

Have you tested positive, or refused to test on any drug or alcohol test administered by a company to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug & alcohol testing rules in the past? **YES** **NO**

DRIVING EXPERIENCE		
CLASS OF EQUIPMENT	**YEARS OPERATED**	**TYPE OF EQUIPMENT OPERATED**
TRACTOR & SEMI-TRAILER		
CONTAINERS		
OTHER		

Do you have Hazmat Endorsement on your license? **YES** **NO**

How long have you hauled hazmat? _____ Expiration Date on License _____

Please list all Hazmat Classes you have hauled:

_____

_____

_____

_____

_____

_____

Please list any other courses, training, endorsements, or equipment you are qualified to use/for:

_____

_____

_____

_____

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by Applicant and all information provided are true and accurate to the best of my knowledge. I understand that any false or misleading information provided in this application or interview(s) may result in any future agreement between Lakes Transportation LLC and the Applicant being cancelled.

_____ _____

Signature of Applicant Date

_____

Print Name

Lakes
TRANSPORTATION LLC
Moncks Corner SC
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DRUG & ALCOHOL CLEARINGHOUSE
CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record. NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize
(Driver's printed name)

Lakes Transportation LLC to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier. I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

ID Number: _____ Date: _____

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at Lakes Transportation LLC, I _____(applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

Signed (applicant)_____

Date:_____

Drivers' License Number:_____State:_____

LAKES TRANSPORTATION LLC
160 Canterhill Ln
Moncks Corner, SC 29461

LETTER OF INTENT TO HIRE

_____, 20_____

This letter represents confirmation of the intent to hire, _____, made by Donna Lakes, of Lakes Transportation LLC with mailing address of 160 Canterhill Ln, City of Moncks Corner, State of South Carolina, as a subcontracted driver, and to confirm the broad terms of our discussions.

Candidate's work shall be considered a full time, subcontractor job.

Candidate's pay shall be rated depending upon type of load hauled and destination of said load.

Payment shall be made to the Candidate weekly after loads for that week have been completed.

It is the intention of Lakes Transportation LLC to have the Candidate begin working no later than _____, 20_____.

The responsibilities of the Candidate shall be to: Complete pre and post trip inspections, Pull, Deliver, and Return containers/loads on schedule given, Follow and abide by all FMCSA rules and regulations, Maintain all FMCSA requirements, Report and Update to dispatcher, Clean and Fuel truck, Check for and Report any/all truck problems and issues, Maintain good rapport with all customers and clients, and any other task asked upon oneself.

The Candidate should give a minimum of 2 weeks notice when they are taking time off lasting longer than 2 consecutive days and should give notice or report for any other time off.

It is understood between the parties that the Candidate may be terminated within the first 90 days of hiring. The Company, in its absolute discretion, may terminate the Candidate's contract for any reason without notice of cause.

The Candidate may, at any time, terminate their contract/employment agreement by giving no less than 14 day notice to the Company.

In addition, the Company may terminate the Candidate's contract at any time and for any reason after the completion of the current contract/haul. The Company's termination may be at any time if having sufficient cause.

It is understood that if the Candidate's contract is terminated, he or she will not be able to use, contact, work for, haul for, or deliver to any clients, brokers, or customers of Lakes Transportation LLC. The candidate will also not be able to be hired onto or drive for IBT (Intermodal Bridge Transport). It is further acknowledged that any termination shall prohibit the Candidate from communicating with any clients, customers, affiliates, or any other individuals in connection with the Company for a period of 2 years.

Lakes Transportation LLC

Donna Lakes

Donna Lakes

_____ _____

Candidate's Signature Date

_____

Printed Name

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with LAKES TRANSPORTATION 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 _____ ("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.