



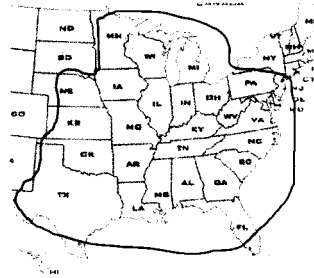
Pope Trucking Inc.
P.O. Box 188
175 GA Pacific Lane
Pearson, GA 31642
Phone: (912) 422-7235
Fax: (912) 422-6326

GENERAL QUALIFICATIONS:

- **MUST HAVE 3 YRS VERIFIABLE OVER THE ROAD EXPERIENCE (INSURANCE REQUIREMENT)**
- **MUST HAVE ACCEPTABLE MOTOR VEHICLE REPORT**
- **MUST HAVE ACCEPTABLE WORK HISTORY**
- **MUST BE AT LEAST 24 YEARS OLD**

OWNER/OPERATOR SPECIFICS:

- Pay is 81% of load (ex. Load pays \$800.00 you get \$648.00)
- Driver receives 100% of fuel surcharge if the load has a fuel charge which is broke out.
- Safety & DOT Inspection Bonus Program
- Driver Referral Bonus Program
- Although there are no guarantees drivers typical touch home on weekends. At times this may mean getting in late Friday night or early Saturday morning and leaving out on Sunday evening with a Monday morning delivery. Occasionally, there will be times when you do not get home on the weekend.
- Operate in approximately 34 states
- Paid Orientation
- Uniform Program



LEASE/PURCHASE PROGRAM:

Pope Trucking Inc. has a competitive lease purchase program which allows motivated drivers the ability to purchase their own truck & trailer. The information below shows some of the basic facts of the program:

- Zero Down – Pay by the week program
- Purchase Truck at end of lease for \$1.00
- Weekly Expenses are:
 - Truck & Trailer Payment
 - Sales Tax
 - Tag, Taxes
 - Qualcomm
 - Escrow
- Monthly Expenses are:
 - Occupational Accident
 - Non Trucking Liability
 - Physical Damage
 - Insurance on Trk & Trlr.
- Typically takes approximately 4 years to pay out lease (Subject to vary)
- No Credit Check

The above information is not inclusive of everything associated with Pope Trucking Inc. but does provide a good representation of how our company operates. We thank you for your interest in Pope Trucking.

POPE TRUCKING IS AN EQUAL OPPORTUNITY EMPLOYER.

MO / YR Date
MI
First
Last,

CONFIDENTIAL

**POPE TRUCKING INC.
175 GA Pacific Lane (Hwy 82 East)
P.O. BOX 188
Pearson, GA 31642**



APPLICATION FOR QUALIFICATION

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 and Pope Trucking Inc.

All applicants will be considered from employment or contract labor without regard to race, religion, color, sex, national origin, age, marital or veteran status. Pope Trucking Inc. will provide reasonable accommodations (which do not pose undue hardships in its operation) to otherwise qualify individuals with disabilities.

POPE TRUCKING INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Personal

Date: _____ Position Applied for : Company Driver ___ Contract Driver ___ Other: _____

Name: _____ S.S.#: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Cell #: _____ Other #: _____

Addresses for _____ From _____ To _____

Previous Three Years _____ From _____ To _____

General

Do you have the legal right to work in the United States? _____ (Proof Required Upon Employment)

Are you at least 21 yrs old? _____

Date of Birth: _____ (Required for Commercial Drivers Only)

Have you ever worked or contracted for Pope Trucking Inc. before? ___ Yes ___ No When: _____

Have you ever been convicted of a felony? ___ Explain: _____
(Not an automatic bar to employment) _____

Have you tested positive or refused any pre-employment drug/alcohol test as referenced in CFR 40.25? ___ Yes ___ No
If, yes to above question can you provide proof of completion of DOT Return-to-Duty requirements? ___ Yes ___ No

Employment History

Please list employment from most recent to oldest: (Note: DOT requires that employment for at least 3 yrs and/or Commercial Driving Experience for past 10 yrs be shown. Attach Additional Sheet if necessary)

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: (_____)	Hire Date: Mo: _____ Yr: _____	Term Date: Mo: _____ Yr: _____
	Position: _____	
	Salary: _____	
	Reason for Leaving: _____	
Were you subject to the FMCSRs* while employed here? ___ 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: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: (_____)	Hire Date: Mo: _____ Yr: _____	Term Date: Mo: _____ Yr: _____
	Position: _____	
	Salary: _____	
	Reason for Leaving: _____	
Were you subject to the FMCSRs* while employed here? ___ 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: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: (_____) _____	Hire Date: Mo: Yr:	Term Date: Mo: Yr:
	Position:	
	Salary:	
	Reason for Leaving:	
Were you subject to the FMCSRs* while employed here? _____ 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: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: (_____) _____	Hire Date: Mo: Yr:	Term Date: Mo: Yr:
	Position:	
	Salary:	
	Reason for Leaving:	
Were you subject to the FMCSRs* while employed here? _____ 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: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone #: (_____) _____	Hire Date: Mo: Yr:	Term Date: Mo: Yr:
	Position:	
	Salary:	
	Reason for Leaving:	
Were you subject to the FMCSRs* while employed here? _____ 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		

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Technical School? _____ Describe: _____

List any courses or training that may help you in your employment with this company: _____

Commercial Driving

List accidents for past 3 yrs or more below (attach sheet if more space is needed.) If none, please note:

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

List traffic Convictions and License Forfeitures for past 3 yrs. If none, please note:

DATES	CHARGE	PENALTY	LOCATION

Total Points on 3 year Motor Vehicle Report: _____

List each driver's license held in the past three years

STATE	LICENSE #	TYPE	ENDORSEMENTS	EXPIRATION DATE

- 1.) Have you ever been denied a license, permit or privilege to operate a motor vehicle?... Yes ___ No ___
- 2.) Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
- 3.) Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in job description)?.....Yes ___ No ___

List type of driving experience.

CLASS OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
	FROM	TO	

How did you hear of us? ___ Newspaper Ad ___ Radio Ad ___ Driver Referral ___ Other

Please list specific person, newspaper, etc: _____

TO BE READ AND SIGNED BY APPLICANT:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant hereby releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, MVR, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I will be on a 90 day probationary period during which time I may be disqualified without recourse. Furthermore, it is understood if qualified and hired/leased I must familiarize myself with and abide by all present and subsequent issues, rules, policies, & procedures of the company as well as all federal, state, and local laws, rules, and ordinances. Also, it is understood if hired/leased I must submit to physical examination, blood, breath, urine tests, or other, as required by the company, federal or state DOT to the extent permitted by law.

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.

Applicant Signature _____ Date _____

OFFICE USE ONLY:

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with Pope Trucking Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Pope Trucking ("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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.



Reference Only
Cust # _____
(Required)

Georgia Release Form

I hereby authorize **Pope Trucking Inc.** and its agent, HireRight Solutions, Inc. (fka USIS Commercial Services, Inc.), to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

Full Name Printed

Address

DOB (Required) SSN (Required)

Sex Race

Signature (Required)

Date (Required)

FAX TO: 800-887-8994

ATTN: Criminal Record Department