

APPLICATION FOR EMPLOYMENT

GREEN/FORM NO.

DQF
1*Have all driver-applicants complete this form before driving a commercial motor vehicle.*

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier: RoySalmon llc.
Address: 9737 Eustice Road

To be completed by Applicant:

Applicant's Name: Richard Bernard Marshall	Date of Application: 11 13 2017
Current Address: 3505 windsor mill rd	Social Security No.: 215 88 4413
Length of time at this address: 1 year and 1/2	Date of Birth: 11 09 1976
	Telephone No.: 410 599 2730

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)

Street	City	State/Zip	How long	Additional Information Attached
4413 wentworth road	baltimore	MD 21207	21YEARS	<input type="checkbox"/>

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS

State	Number	Expiration Date	Additional Information Attached
MARYLAND	M-624-738-085-861	11/09/2020	<input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)

Type	Experience in Years and / or Miles Driven	Additional Information Attached
53 FOOT flatbed	3months	<input type="checkbox"/>
53 foot dry van	3years	
straight truck tow truck class B	2 YEARS	

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS

DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
APRIL 26 2017	Baltimore MD	1 WAS REAR ENDED BY CALVIN GOOLEY JAMES LANER ATT AT LAW HANDLES MY CASE PHONE NUMBER IS 4102647006 TH	NONE	MY NECK N BACK

☐ Check here to certify that you have had no accidents in the last three years
LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS

DATE	CITY/STATE	CHARGE	PENALTY

☒ Check here to certify that no convictions or bond forfeitures have occurred
DQF 1 - APPLICATION FOR EMPLOYMENTRetain for 3 years
after ceasing duties**Foley**© 2015 Foley Carrier Services, LLC. All Rights Reserved.
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APPLICATION FOR EMPLOYMENT

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE:

MY LINCENSE WAS SUSPENED DUE TO CHILD SUPPORT PAYMENTS WHEN I WAS OVER THE ROAD IN NEVADA FOR CRST TRUCKING COMPANY 2016

☐ Check here to certify that no such denial, revocation or suspension has occurred

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).

Employer Name: WESTERN EXPRESS	Employed From: 08 22 /2017 To: present
Address: 7135 Centennial Pl nashville tennesse	Position: flatbed driver
Contact: chuck Phone: 615 720 69	Salary: 37cent mile
Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

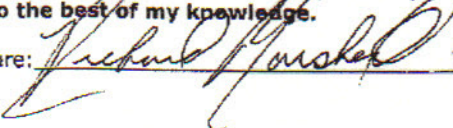
Employer Name: EDWARD N FAITH TRUCKING	Employed From: FEB 07 /2017 To: JUN /2017
Address: 1 bellanca court middle river maryland	Position: TRUCK DRIVER VAN
Contact: Phone:	Salary: 1100 per week
Reason for Leaving: agreed to part ways	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: CRST	Employed From: OCT 04 /2015 To: FEB /2017
Address: 3930 16TH ave sw cedar rapids IOWA	Position: TRUCK DRIVER VAN DRIVER TRAINER
Contact: Phone:	Salary: 38 CENT MILE
Reason for Leaving:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

<input type="checkbox"/> Applicant Hired Date:	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:		
Date of Termination of Employment:		Authorized by:
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other:
Reason:		

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: 11 13 2017

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SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer, ROYSALMONTRUCKINGLLC.

Applicant's Name: RICHARD BERNARD MARSHALL Social Security Number: 215 88 4413 Client Code: _____

Applicant's Signature: RICHARD MARSHALL  Previous Employer: WESTERN EXPRESS

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: ____/____/____ to: ____/____/____

Position: _____ Position required a Commercial Drivers License? ☐ Yes ☐ No

Accident Information

☒ No accident information to report (as defined by Part 390.5)

Date of accident: ____/____/____ City or Town (most near) and State: _____ Number of fatalities: _____ Number of Injuries: _____

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher? ☐ Yes ☐ No

Have a verified positive drug test result? ☐ Yes ☐ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)? ☐ Yes ☐ No

Have a violation of any of the other drug and/or alcohol testing prohibitions? ☐ Yes ☐ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment? ☐ Yes ☐ No

Successfully complete the return to duty program while in your employment? ☐ Yes ☐ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

WESTERN EXPRESS

Previous Employer Contact Name

CHUCK DRIVER MANAGER

Telephone

615 720-6099

Mailing Address

TRUCK DRIVER FLATBED

Title

Fax

Signature of Company Official releasing this information

Date Released

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SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: RICHARD BERNARD MARSHALL Social Security Number: 215.88.4413 Client Code: _____

Applicant's Signature: RICHARD MARSHALL Previous Employer: CRST

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: ____/____/____ to: ____/____/____

Position: _____ Position required a Commercial Drivers License? ☐ Yes ☐ No

Accident Information

☐ No accident information to report (as defined by Part 390.5)

Date of accident: ____/____/____ City or Town (most near) and State: _____ Number of fatalities: ____ Number of Injuries: ____

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
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CRST EXPEDITED

Previous Employer Contact Name

scott korte

Telephone

319 774 7868

Mailing Address

driver trainer

Title

Fax

Signature of Company Official releasing this information

Date Released

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SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

RECEIPT OF DRIVER'S RIGHTS



Have each driver-applicant sign this form before you accept his/her employment application.

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

☒ I acknowledge that RICHARD BERNARD MARSHALL has provided me with written
Employer Name
 instructions regarding my rights as defined in **Part 391.23(i)-(j)** of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

- ☒ **Right to Review Information** - I have the right to review the information provided by my previous DOT-regulated employer(s).
- ☒ **Right to Request Corrections** - I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- ☒ **Right to Rebut Information** - I have the right to rebut the information provided by my previous DOT-regulated employer(s).

RICHARD BERNARD MARSHALL

Driver's Full Name

Richard Marshall

Driver's Signature

11 13 2017

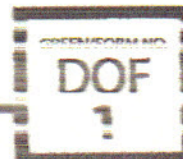
Date

Supervisor/Authorized Motor Carrier Representative Signature

11 13 2017

Date

Employer Keeps Original, Provides Scan or Copy to Applicant

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DOF - APPLICATION FOR EMPLOYMENT

Retain for 3 years after ceasing duties