

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Kenyon Brice Date / Fecha : 10-6-22

Company applying to / Compañía a que aplica : Royal

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica : Driver Referred by / Referido por : _____

Social Security / Seguro Social : 216134054 Date of Birth / Fecha de Nacimiento : 01-01-1987

Address / Dirección : 234 Crocker Dr

City / Ciudad : Bel Air State / Estado : MD Zip / Código Postal : 21014

CDL / CDL : B620465394002 CDL Expiration / Expiración de CDL : 010125

Home / Hogar : _____ Work / Trabajo : _____

Cell / Celular : 4105315378 Email / Email : _____

Emergency Contact / Contacto de Emergencia : 4439434439 Tel. / Tel. : _____

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 4843 Cloverleaf Ct
Edgewood MD How long / Tiempo : 3 Years

2. Address / Dirección : _____ How long / Tiempo : _____

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU?

Yes / Si

No

Are you presently working / Usted esta actualmente trabajando?

Yes / Si

No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo? _____

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /
Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si

No

Have you ever tested positive for drugs or alcohol as a commercial driver /
Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si

No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	mb	D420445398007	A	

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
Alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si

No

B. Has any license, permit or privilege ever been suspended or revoked /
Alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si

No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 2007

Years of Commercial Motor Vehicle experience : 15 years

Below, please list the type of Commercial Motor Vehicle experience you have had:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input checked="" type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input checked="" type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input checked="" type="checkbox"/> Plow Truck |
| <input checked="" type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input checked="" type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input type="checkbox"/> Roll-back Tow Truck |
| <input type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input checked="" type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input checked="" type="checkbox"/> Cab & Chassis Truck | <input type="checkbox"/> Low Boy | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck |

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1				
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, 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 the Company, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido sí yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.

**SIGN
HERE**

Signature / Firma :

Thermy R.

Date / Fecha :

10/4/22

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____ for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGN
HERE

Driver's Signature : _____

Date : _____

10-6-22

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

SIGN
HERE

Requester's Signature : _____

Date : _____

10-6-22

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : _____

Henyon Brice

Address : _____

234 Crocker Dr

City, State, Zip : _____

Belair Md 21019

Former Address : _____

City, State, Zip : _____

Date of Birth : _____

01-01-1947

Social Security No. : _____

216-136056

License No. : _____

DL20465398002

REQUESTED BY:

Name : _____

Title : _____

SIGN
HERE

Signature : _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : Henryon Boree Company : _____

Social Security # : 216 136056 CDL # : _____

Address : 234 Crocker Dr City : _____ State: _____ Zip : _____

 Signature : [Signature] Date: _____

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____

Seguro Social : _____ CDL : _____

Dirección : _____ Ciudad : _____ Estado: _____ Zip : _____

 Firma : _____ Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : _____ Date / Fecha : _____

Company applying to / Compañía a que aplica : _____

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : _____

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : 03-22 To / Hasta : 10-1-22

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☒ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador?

☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40?

☒ YES / SI ☐ NO

Company / Compañía : United Freight Position Held / Posición : Driver

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : Craig

Phone / Teléfono : 4143 4638329 Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : _____

Date / Fecha : From / Desde : 3 years To / Hasta : _____

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Apollo Importation Position Held / Posición : Driver

Address / Dirección : 4301 Easter ave
Baltimore mb Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : Tyresa

Phone / Teléfono : 410 563 7401 Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 SIGN HERE Signature / Firma : _____ Date / Fecha : _____

Date / Fecha : From / Desde : 4/ years To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Care Free Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : Eric _____

Phone / Teléfono : 410 467 4329 Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

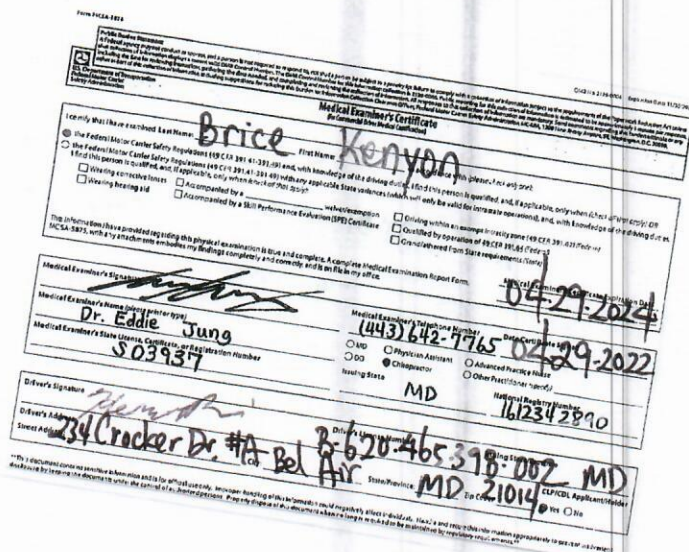
Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : _____



Driver Evaluation Road Test Form

Driver Name: KENYON BRICE

Test Date: 10.26.22

Observed by: Roy Salmon

Vehicle Type and Number: TRACTOR & TRAILER 53

PRE-TRIP INSPECTION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	General vehicle condition noted	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	360-degree walk-around performed
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Parking brake set / applied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Tires evaluated
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Lighting inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Steering inspected
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Horn and windshield wipers inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mirrors adjusted
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency equipment inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance / licensing info inspected
PLACING VEHICLE IN OPERATION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses seat belt	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Verifies passenger(s) is wearing seat belt
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Starts vehicle properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Observes traffic patterns
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not allow vehicle to roll while stopped	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Drives with both hands on steering wheel
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Steers smoothly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Speed appropriate for conditions
BACKING AND PARKING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gets out to look before backing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Avoids backing when possible
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses mirrors properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not blind-side back
INTERSECTIONS					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Covers the brake with foot in intersections	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks traffic in all directions
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Stops vehicle in proper location	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not allow vehicle to roll when stoppe
TURNING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle is in proper lane for turn	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Signals used in advance of turn
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approaches turn at proper speed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks traffic conditions
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Turns only when traffic is cleared	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Keeps vehicle in proper lane while turning
PASSING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Determines that pass is safe and legal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Passes in safe location
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks ahead before passing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses turn signal appropriately
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Returns to lane safely	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not exceed speed limit

YES / ☒ NO Cell phone used during this trip while driving?

YES / ☒ NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one)

DRIVER PASS

DRIVER FAIL

Re-test on this date: _____

NOTES: _____

Evaluator Signature: [Signature]