



INDIAN CREEK EXPRESS, LLC

1102 S FIRST STREET, PIERCE, Colorado 80650 970-566-3555

Application ID: 1713536538

| Job Applied For * Date of Birth * Mobile Pl | | First Name * | Middle Other Phone No. | Last Name * Email Address * | | Social Security No. * |
|---|--------------------|----------------------------|----------------------------|------------------------------|---------------|-----------------------|
| | | e Phone No. * | | | | |
| resent Address * | Address 2* | City * | State/Province * | ZIP * | County | Yrs at this address |
| | *If at current add | ess less than 7 years, lis | st below most recent addre | sses for the | past 7 years. | |
| Previous Address | Address 2 | City | State/Province | ZIP | County | Yrs at this address |
| | | | | | | |

| ame - Exactly as | t appears on your d | Iriver's license * | Maiden or o | other name used | | |
|----------------------|---------------------|------------------------|--|------------------|-------------------------------|--|
| DL Type * | | Endorsemer | nts (check all that apply |) License | License Expiration Date * | |
| ○ A ○ B | O C O None | ПНП | □ H □ T □ N □ X □ P | | | |
| ir Brake Restriction | on? * | Automatic T | Automatic Transmission Restriction * Yes No | | Years of CDL Experience | |
| ○ Yes ○ No | | ☐ Yes | | | | |
| | | | | | | |
| urrent Driver's Lic | ense Number * Is | suing State/Province * | Current DO | T Medical Card * | DOT Medical Card Expiration [| |
| urrent Driver's Lic | ense Number * Is | | | ○ No | DOT Medical Card Expiration [| |
| urrent Driver's Lic | ense Number * Is | | O Yes | ○ No | DOT Medical Card Expiration I | |
| | | Dri | Yes | O No | | |
| Equipment | | Dri | Yes | No e Equipment | Yrs Exp | |

| Education | | = |
|-----------------------------|----------------|-----------------------|
| | | |
| Name and Location of School | Years Attended | Diploma/Certification |

| College Trade or Business School | l | | | | | |
|--|-----------------------------|--|--|---|-----------------------------------|------------------------|
| ist special courses or train | ning that | will help you as a dr | iver: | | | |
| ist driving awards held and | d who pr | resented them: | | | | |
| | | | | | | |
| | | | | | | |
| | | | Additional Lic | enses | | |
| | | | • | | | |
| | | List ALL a | dditional licenses h | eld in the past 5 years. | | |
| State/Province | L | icense no. | Class | Endorsement(s) | Ехр | iration date |
| | | | | | | |
| ○ Yes ○ No - Has | any lice | nse, permit, or privile | ege ever been susper | ided, revoked, or denied? * | · | |
| ○ Yes ○ No - Hav | e you ev | er been convicted fo | r driving under the in | fluence of drugs or alcoho | n ? * | |
| | | | | | | |
| ○ Voo ○ No | | | | | | |
| Yes No Have you ever tested posemployer to which you app | sitive or re olied for l | refused to test on any but did not obtain sa | / pre-employment dr fety sensitive transp | ug and / or alcohol test ad ortation work covered by E | ministered by a OOT agency dru | in g |
| Have you ever tested pos employer to which you app and alcohol testing rules d | | | | | ministered by a OOT agency dru | in g |
| Have you ever tested pos employer to which you app and alcohol testing rules d | | refused to test on any but did not obtain sa e past 2 years? * rer been convicted of | | | ministered by a DOT agency dru | nn g |
| Have you ever tested pos employer to which you app and alcohol testing rules d | | | | | ministered by a DOT agency dru | in g |
| Have you ever tested pos employer to which you app and alcohol testing rules d | | er been convicted of | | eanor? * | ministered by a DOT agency dru | in g |
| Have you ever tested pos employer to which you app and alcohol testing rules d | | rer been convicted of | a felony or misdemo | eanor? * | ministered by a | in g |
| Have you ever tested posemployer to which you appand alcohol testing rules decreased by the second s | e you ev | er been convicted of Acc | a felony or misdemo | eanor? * Past 5 Years | ministered by a | in g |
| Have you ever tested posemployer to which you appand alcohol testing rules decreased by the second s | e you ev | er been convicted of Acc | a felony or misdemo | eanor? * Past 5 Years | ministered by a | Vehicle Type |
| Have you ever tested posemployer to which you appand alcohol testing rules d Yes No - Have No Accidents to report | t. | Actional Accidents. | a felony or misdemo | Past 5 Years must check this box. | | |
| Have you ever tested posemployer to which you appand alcohol testing rules decreased by the second s | t. | Actional Accidents. | a felony or misdemo | Past 5 Years must check this box. | | Vehicle Type |
| Have you ever tested posemployer to which you appand alcohol testing rules decreased by the second s | t. | Actional Accidents. | a felony or misdemo | Past 5 Years must check this box. | | Vehicle Type Personal |
| Have you ever tested posemployer to which you appand alcohol testing rules d Yes No - Have No Accidents to reportation the Plus sign to add Da | t. | Actional Accidents. | a felony or misdemo | Past 5 Years must check this box. | | Vehicle Type Personal |
| Have you ever tested posemployer to which you appand alcohol testing rules described by the second s | t. | If no Acconnal Accidents. | a felony or misdeme | Past 5 Years must check this box. | | Vehicle Type Personal |
| Have you ever tested posemployer to which you appand alcohol testing rules d Yes No - Have No Accidents to reportation the Plus sign to add Da | t. d additio | If no Accordanal Accidents. (head-on, rear-en | a felony or misdemo | Past 5 Years must check this box. Fatalities | Injuries | Vehicle Type Personal |
| No Accidents to reportlick on the Plus sign to add Last Accident No Traffic Convictions | t. d additio | If no Account Accidents. (head-on, rear-en Traffic Co If no Traffic Convictive tures to report. | a felony or misdemonous collections to report, you ad, overturn, etc.) | Past 5 Years must check this box. Fatalities ures For Past 5 Years | Injuries | Vehicle Type Personal |
| No Accidents to reportick on the Plus sign to add | t. d additio | If no Account Accidents. (head-on, rear-en Traffic Co If no Traffic Convictive tures to report. | a felony or misdemonous collections to report, you ad, overturn, etc.) | Past 5 Years must check this box. Fatalities ures For Past 5 Years | Injuries | Vehicle Type Personal |

Name and Location of School

Years Attended

Diploma/Certification

| Supervisor's Name | Supervisor Phone | Salary |
|------------------------------|---------------------|---|
| | 1 1 | |
| | City | State/Province |
| | From Date (mm/yy) * | To Date (mm/yy) * |
| | | ment |
| Number of Mon | по. | nient |
| ty sensitive function in any | | ohol and controlled substances |
| , pair +0. | | |
| | | |
| | Number of Mon | Driving/Hauling Experience With This Employer Number of Months: Equip while employed by this employer? * ty sensitive function in any DOT regulated mode subject to alcohol. |

Owner Operator Equipment Form

| Tractor | Trailer | Straight Truck | Cargo Van | Cargo Van | |
|-----------------|-----------------|-----------------|-----------------|-----------|--|
| Make | Make | Make | Make | | |
| Model | Model | Model | Model | | |
| Year | Year | Year | Year | | |
| VIN Number | Plate Number | VIN Number | VIN Number | | |
| Plate Number | Current Mileage | Plate Number | Plate Number | | |
| Current Mileage | Length | Current Mileage | Current Mileage | | |
| | | Length | Length | | |

Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the fair credit reporting act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, from any liability that may otherwise results from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- * Inquiry to Previous Employer
- * Previous Employer Inquiry For Driving History & Safety Performance
 - * PSP Consent Form

- * Consent for Release of Info Form
- * Disclosure and Authorization Form
- * Pre-Employment Controlled Substance Consent Form
- * Fair Credit Reporting Act Consumer Rights
 - * Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name* Signature* Date

