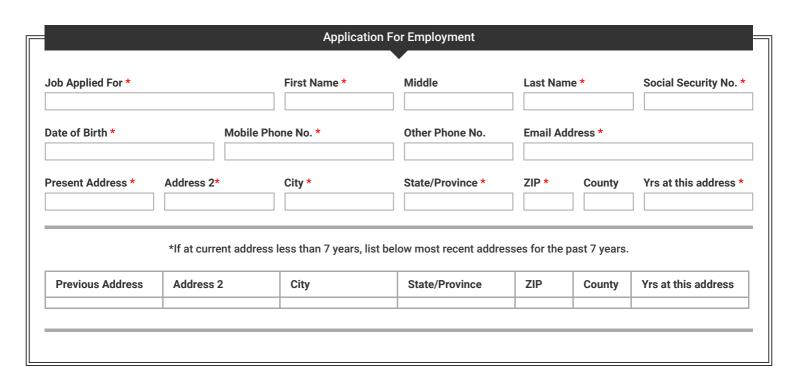




Noble LLC

330 Industrial Park Dr., Scottsboro, Alabama 35769 256-574-0066

Application ID: 1714193082



lame - Exactly as i	t appears on your d	river's license *	Maiden	or other name	used		
DL Type *		Endorsement	ts (check all that a	oply)	License Ex	piration Date *	
○ A ○ B	O C O None	П Н	T	(P			
ir Brake Restriction	on? *	Automatic Tr	ansmission Restri	ction *	Years of C	DL Experience	
O Yes O No		Yes	No				
D.:	No	i Ot-t (Di	0	DOT Madia al		DOT Madical O	
urrent Driver's Lic	ense Number * Is	suing State/Province *	Current Yes		Card *	DOT Medical C	ard Expiration D
urrent Driver's Lic	ense Number * Is:		○ Yes	s O No		DOT Medical C	eard Expiration D
		Driv	ving/Hauling Exper	ience		DOT Medical C	
		Driv	ving/Hauling Exper	ience Equipmen Flatbed			

Γī	Education		
	Name and Location of School	Years Attended	Diploma/Certification

Trade or Business School					
ist special courses or training	g that will help you as a d	river:			
ist driving awards held and w	ho presented them:				
		Additional Licens	es		
		•			
	List ALL a	additional licenses held ir	the past 5 years.		
State/Province	License no.	Class En	dorsement(s)	Ехр	ration date
○ Yes ○ No - Has an	y license, permit, or privile	ege ever been suspended	revoked, or denied?	k	
○ Yes ○ No - Have yo	ou ever been convicted fo	or driving under the influer	ce of drugs or alcoho	ol? *	
○ Yes ○ No					
Have you ever tested positive employer to which you applied and alcohol testing rules during the state of the	e or refused to test on and d for but did not obtain se	y pre-employment drug ar afety sensitive transportat	nd / or alcohol test ad ion work covered by I	lministered by a DOT agency dru	n g
		f a felony or misdemeano			
○ Yes ○ No - Have yo		a relony of misdemeand	:		
	A	ccident Review For Pas	t 5 Years		
			a alaaali ahia laasi		
	If no Acc	cidents to report, you mus	t check this box.		
		cidents to report, you mus	t check this box.		
	dditional Accidents.	cidents to report, you mus	Fatalities	Injuries	Vehicle Type
lick on the Plus sign to add ac	dditional Accidents.			Injuries	Vehicle Type Personal
lick on the Plus sign to add ac	dditional Accidents.			Injuries	
lick on the Plus sign to add ac	dditional Accidents.			Injuries	Personal
lick on the Plus sign to add ac	dditional Accidents.			Injuries	Personal
lick on the Plus sign to add ac	dditional Accidents. s (head-on, rear-er		Fatalities	Injuries	Personal
lick on the Plus sign to add ac	dditional Accidents. s (head-on, rear-er	onvictions & Forfeitures	Fatalities For Past 5 Years		Personal
Last Accident	dditional Accidents. s (head-on, rear-er Traffic Co	nd, overturn, etc.)	Fatalities For Past 5 Years		Personal
Last Accident	dditional Accidents. s (head-on, rear-er Traffic Co If no Traffic Convict Forfeitures to report.	onvictions & Forfeitures	Fatalities For Past 5 Years		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 World	Ечир	ment
ty sensitive function in any		ohol and controlled substances
part 40.		
	Number of Mon	Driving/Hauling Experience With This Employer Number of Months: Equiporal E

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, and its agents, from any liability that may otherwise result 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, work history, or lifestyle, 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; or 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

