

APPLICATION

Circle One: COMPANY or OWNER OPERATOR or DRIVER FOR OWNER OPERATOR

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR NON-JOB RELATED DISABILITY.

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

PLEASE PRINT IN INK IN YOUR HANDWRITTING. COMPLETE ALL SECTIONS (D.O.T. COMPLIANCE WITH TITLE 49 CFR 391)

PERSONAL DESCRIPTION

Last: _____ First: _____ MI: _____ Social Security No: _____

Street Address: _____

City: _____ State: _____ Zip: _____ How Long? _____

DOB: _____ Cell Phone No: () _____ Home Phone No: () _____

Email: _____

In Case of Emergency- Notify: _____ Phone: () _____ Relationship _____

LIST ALL PREVIOUS ADDRESSES FOR THE PRIOR 7 YEARS

Previous: _____

STREET CITY ST ZIP

Previous: _____

STREET CITY ST ZIP

CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

HOW DID YOU HEAR ABOUT EXXACT? _____

I will be Driving:

My Own Tractor: Year _____ Make _____ Model _____ Vin _____

For Contractor (Name and Truck Number) _____

LICENSE INFORMATION

Section 393.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one Driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

PREVIOUS LICENSE INFORMATION (Attach sheet if more space is needed)

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE / SURRENDERED DATE

LIST ALL SUSPENSIONS / REVOKED (attach sheet if more space needed)

DATE	STATE	REASON(S)	LENGTH OF SUSPENSION	DATE OF REINSTATEMENT

ACCIDENT RECORD (LAST 3 YEARS) Regardless of fault – Regardless of how minor of an accident

DATE	STATE	NATURE OF ACCIDENT	NUMBER FATALITIES	NUMBER INJURIES	Commercial Vehicle or Personal Automobile	PREVENTABLE

TRAFFIC CONVICTIONS AND FORFEITURES LAST 3 YEARS (other than parking)

LOCATION (COUNTY/STATE)	DATE	CHARGE	PENALTY	Commercial Vehicle or Personal Automobile

CRIMINAL HISTORY

List all Felony and Misdemeanor Convictions. Convictions do not automatically bar employment.

DATE	LOCATION (COUNTY/STATE)	TYPE OF OFFENSE	FELONY/MISDEMEANOR

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS

You MUST COMPLETE your 10 year employment history. Begin with your present or most recent employer and work backward, in order, listing ALL of your previous employers, self-employment, and periods of unemployment. You **MUST** provide ALL addresses & phone numbers for the Application to be processed. All 10 years must be accounted for. Ask for additional paper if necessary.

Employer: _____ Supervisor _____
 Address _____ Number of Accidents _____
 City, State, Zip Code: _____ Number of States Driven In _____
 May we contact your current employer? Yes ___ No ___ Telephone (____) _____
 Hire Date ____/____/____ Term Date ____/____/____ Type of Trailer _____
 Position _____ Rate of Pay _____ Type of Equipment _____
 Reason for Leaving? _____
 Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS

Continued

Employer: _____ Supervisor _____
Address _____ Number of Accidents _____
City, State, Zip Code: _____ Number of States Driven In _____
May we contact your current employer? Yes ___ No ___ Telephone (_____) _____
Hire Date _____ / _____ Term Date _____ / _____ Type of Trailer _____
Position _____ Rate of Pay _____ Type of Equipment _____
Reason for Leaving? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

Employer: _____ Supervisor _____
Address _____ Number of Accidents _____
City, State, Zip Code: _____ Number of States Driven In _____
May we contact your current employer? Yes ___ No ___ Telephone (_____) _____
Hire Date _____ / _____ Term Date _____ / _____ Type of Trailer _____
Position _____ Rate of Pay _____ Type of Equipment _____
Reason for Leaving? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

Employer: _____ Supervisor _____
Address _____ Number of Accidents _____
City, State, Zip Code: _____ Number of States Driven In _____
May we contact your current employer? Yes ___ No ___ Telephone (_____) _____
Hire Date _____ / _____ Term Date _____ / _____ Type of Trailer _____
Position _____ Rate of Pay _____ Type of Equipment _____
Reason for Leaving? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

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Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

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Hire Date _____ / _____ Term Date _____ / _____ Type of Trailer _____
Position _____ Rate of Pay _____ Type of Equipment _____
Reason for Leaving? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes ___ No ___

ANSWER ALL QUESTIONS

1. Can you read, write, speak and interpret English as referenced in FMCSR [Subpart B § 391.11(b)(2)]? Yes No
2. Do you have the legal right to work in the United States? Yes No
3. Are you a US Citizen? Yes No
4. Have you ever been convicted of any alcohol and/or drug related driving offense? Yes No
If yes explain including penalty _____
5. Have you ever had any drug or alcohol violations as referenced in 49 CFR? Yes No
6. Do you have full knowledge of Federal Safety Requirements? Yes No
7. Have you served in the U.S. Armed Forces? Yes No if yes Branch _____ from _____ to _____
Rank at Discharge _____ Date discharged or released _____
8. Have you ever been denied a Permit, License or privilege to operate a motor vehicle? Yes No
9. Indicate any transportation or other experience that would benefit you while employed or leased at this company. Examples include training courses, special equipment operation, and/or technical training videos (Smith System, Drug & Alcohol Awareness, PreTread Training) or safety awards: _____
10. List all the states you have operated a commercial vehicle in within the last five (5) years: _____
11. Have you ever worked for Exxact Transport, Inc.? Yes No If yes reason for leaving? _____
If yes please list dates: From _____ to _____

-----MUST BE READ AND SIGNED BY APPLICANT-----

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME. ALL ENTRIES AND INFORMATION ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I authorize Exxact Transport, Inc. to make sure investigations and inquiries to my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or interview(s) may result in discharge from interview or employment. I also understand that I am required to abide by all rules and regulations of Exxact Transport, Inc. and that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR § 391.23 (d) and (e).

“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 correct information to the prospective employer;
- 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”

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired I will be on a probationary period, which time I may be discharged without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicants Signature

Date

Request for Employment and Information Verification From Previous Employer



**PO Box 95545
Lakeland, FL 33804**

TO: _____
ATTN: _____
PH #: _____
FAX #: _____

EXXACT TRANSPORT, INC
PH #: 863-682-1799

FAX #: _____

Applicant Name: _____

SSN: _____

PLEASE
FILL
OUT
THIS
SECTION
ONLY

***You are hereby authorized to give to EXXACT TRANSPORT, INC. all information regarding my services, character, and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order for, EXXACT TRANSPORT, INC. to comply with the requirements of Section 391.23 of the Federal Motor Carrier Safety Regulation and the regulations of 49 C.F.R., Sections 382.405, 382.413 and 391.89. I hereby consent EXXACT TRANSPORT, INC. to obtain from my prior employers the information pertaining to me. I hereby authorize and direct my prior employers to release such information to EXXACT TRANSPORT, INC via personal interviews, telephone interviews, or any other material that ensures confidentiality.

***I authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer. This release is in accordance with DOT regulation 49 CFR part 40, section 40.25. Information to be released is limited to: Alcohol test with 0.04 or higher, verified positive drug test, refusal to be tested, other violations of DOT drug/alcohol regulations, information from previous employer of a positive test and/or completion of return to duty process (SAP).

Applicant Signature: _____

Date: _____

Type of Work

- Owner/Operator
- Driver for O/O
- Company Driver
- Trainee
- Non-Driving

Equipment Operated

- Dry/Reefer 48' 53'
- Tankers
- Flatbed
- Straight Truck
- Other _____

Areas Driven

- 48 States
- Southeast
- Southwest
- Local
- Other _____

Commodities Hauled

- General
- Bulk
- Hazardous
- Refrigerated
- Other _____

Did the applicant have any accidents while employed? No Yes If Yes, please explain.

Dates

____/____/_____
____/____/_____
____/____/_____

Preventable

- Yes No
- Yes No
- Yes No

Description

Drug and Alcohol Test Records

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Has this individual had an alcohol test of 0.04 or greater in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this individual had a controlled substance test with a positive result in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this individual refused to be tested in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this individual violated other DOT drug and/or alcohol regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any above items, did employee complete the return to duty process? | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for Leaving

- Resigned w/o Notice
- Resigned with Notice
- No Show
- Terminated/Discharged
- Abandonment
- Quit Under Dispatch
- Laid Off

Performance

- Satisfactory
- Outstanding
- Cargo Loss
- Falsified Employment Application
- Log Violation
- Unsatisfactory Safety Record
- Unauthorized use of Co. Funds
- Superior
- Excessive Complaints
- Equipment Loss
- Late Pickup/Delivery
- Unauthorized Equip. Use
- Unauthorized Passenger
- Other _____

Dates Employed: From: _____ To: _____

Eligibility for rehire: Yes No Upon Review Other Comments: _____

Person completing this inquiry: _____ Title: _____ Date: _____

Company Name: _____

Company Address: _____

*ALCOHOL & CONTROLLED SUBSTANCE TEST INFORMATION
FOR PRE EMPLOYMENT PURPOSES*

I _____, hereby verify that the following information regarding my test result
Print Name
information during the past two year is true and accurate.

1. Positive breath alcohol test which resulted in a breath alcohol concentration of 0.04 or greater in the previous two years.

____NO ____Yes, Date of Test _____.

Dates & Results of Follow-up Test_____

Name & address of S.A.P._____

2. Positive controlled substance test results, which have occurred in the previous two years.

____NO ____Yes, Date of Test _____.

Dates & Results of Follow-up Test_____

Name & address of S.A.P._____

3. Refused to submit to a substance or alcohol test in the previous two years.

____NO ____Yes, Date of Test _____.

Dates & Results of Follow-up Test_____

Name & address of S.A.P._____

Any other use or disclosure of this information is not permitted. I understand that permission to request and obtain this information is required as a condition of employment.

Print

Signature

Date

Expectations & Questionnaire for Exxact Transport

Name: _____

General

What area/region are you looking to run at Exxact Transport? _____

Are you flexible if the freight lanes shift? _____ If so, what lanes? _____

Have you driven in Snow, Ice or Mountain region? _____

Are you current on the new FMCSA logging rules? _____ Do you understand them? _____

Three most important things in your life: _____

Financial

What are you looking to financially make per week through Exxact Transport? _____

How many days per week are you willing to work? _____ Available Weekends? _____

Amount net at Previous Employer: \$ _____ Miles per week ran? _____

Previous Employers: _____

Reason for leaving Previous Job: _____

Equipment

Type of Equipment Operated? _____ Did you back into docks? _____

Do you have experience with OBC's? _____ If no, are you willing to learn? _____

Owner Operator Only

Truck Note per Month: \$ _____ Is it Current? _____

Are you able/willing to unload if needed? _____ If no, please explain _____

Company Driver Only

Any prior Workers Comp injuries? _____ If yes, Explain _____

Are you able/willing to unload if needed? _____ If no, please explain _____

Signature

Date

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS
IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with EXXACT TRANSPORT (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:
I authorize EXXACT TRANSPORT (“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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. LAST UPDATED 12/22/2015



CONSUMER DISCLOSURE AND AUTHORIZATION FORM (Disclosure Regarding Background Investigation)

EXXACT TRANSPORT, INC. (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. ("HireRight"), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency (e.g., HireRight) during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest office designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon written request, to be informed of whether an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting the agency. Attached below is additional information about New York law.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me throughout my employment or contract period. I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services. I hereby authorize law enforcement agencies, learning institutions (including public and private schools, colleges and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name First Middle Date

Applicant Signature Date of Birth (MM/DD/YYYY)

Applicant Address Street City State & Zip Code

CDL Number & State State Social Security Number

DISCLOSURE AND RELEASE

EXXACT TRANSPORT, INC., P.O. BOX 95545, LAKELAND, FL 33804

In connection with my application for employment and/or for consideration for employment with Exxact Transport, Inc, I understand the following:

I understand that consumer reports which contain public record information may be requested from HireRight Solutions, Inc. formerly USIS Commercial Services, Inc., and DAC Services, Inc. which is located in Tulsa, Oklahoma and various other entities or previous employers that may be contacted in an attempt to process my application. These reports may include the following types of information: Names and dates of previous employers, reasons given for termination, work experience, accidents, and/or drug and alcohol results. I further understand that such reports will contain public record information including but not limited to my driving records (for all states), workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. I understand these records will be compiled from various Federal, State and other agencies which maintain such records. I also understand that upon my termination, information regarding my employment with Exxact Transport, Inc. will be reported to HireRight Solutions, Inc., or its future affiliates.

IN REGARDS TO FEDERAL D.O.T., HIPPA REGULATIONS AND THE FAIR CREDIT REPORTING ACT, I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HireRight Solutions, Inc., and Exxact Transport, Inc. TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to HireRight Solutions, Inc., upon proper identification, to request the nature and substance of all information in its files pertaining to me at the time of my request. This includes the sources of information and the recipients of any reports pertaining to me that have been furnished from or to HireRight Solutions, Inc. within a two year period preceding my request. I hereby consent to your obtaining the above mentioned information from HireRight Solutions, Inc or any future affiliate. I also agree that such information which HireRight Solutions, Inc. has or obtains, as well as my employment history with Exxact Transport, Inc. will be supplied to other companies which subscribe to HireRight Solutions, Inc.

I hereby authorize procurement of consumer report(s). If processed, hired, or contracted, this authorization shall remain on file and shall serve as an ongoing authorization for Exxact Transport, Inc. to procure consumer reports at any time during my employment (or contract) period and up to three years thereafter.

FMCSA NOTIFICATION OF DRIVER RIGHTS

In compliance with 49 CFR Part 40 § 391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer for that previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Exxact Transport, 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:

2. I authorize **Exxact Transport, Inc.** ("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.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct and 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.

4. Please note: any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report or assign or imply fault, it will include all commercial motor vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections with or without violations will appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear and remain on a PSP report. 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 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.

By signing below, I agree that I will abide by and support Exxact Transport, Inc.'s substance abuse & company policy at all times. Any refusal or failure to do so will result in my immediate dismissal. Additionally, I understand the company will make every effort to keep the results of my drug screen examination confidential and further agree I will hold the company harmless, should the accidental or inadvertent release of information occur.

I authorize Exxact Transport, Inc. to request a drug screen examination from an approved medical or testing facility and authorize the testing facility to release the results of such examinations to appointed representatives of Exxact Transport, Inc. in accordance with provisions set forth in the substance abuse policy.

This statement is to notify you that we may be unable to make you an offer of employment based on our obligations under DOT regulations, insurance requirements, company policies as well as information received from HireRight Solutions, Inc. a service formerly known as USIS Commercial Services, Inc./DAC Services

PRINTED NAME

SOCIAL SECURITY NUMBER

APPLICANTS SIGNATURE

DATE

WITNESS