WARRIOR TECHNOLOGIES, LLC

DOT DRIVER EMPLOYMENT APPLICATION

Federal Motor Carrier Safety Regulations

Warrior Technologies, LLC | 400 W Illinois, Ste 950 | Midland, TX 79701

Phone: 432-818-0498

Complete all applicable sections. If additional space is needed, attach a signed continuation sheet that identifies the section and includes your name and application date.

1. APPLICANT INFORMATION

Applicant legal name	**Application date**
Date of birth	**Social Security number**
Phone	**Email**
Position applied for	**Primary terminal/location**

2. RESIDENCE HISTORY - PREVIOUS 3 YEARS

List your current address and all other addresses where you resided during the 3 years before this application.

Street address	City	State / ZIP	From - To

3. DRIVER LICENSES AND PERMITS

List each current/unexpired commercial motor vehicle license or permit and each licensing authority where you held a motor vehicle license or permit during the preceding 3 years.

State	License / permit no.	Class	Endorsements	Expiration	Dates held

4. COMMERCIAL DRIVING EXPERIENCE

Equipment class	Type of equipment	From	To	Approx. miles

5. MOTOR VEHICLE ACCIDENT RECORD - PREVIOUS 3 YEARS

List all motor vehicle accidents in which you were involved during the 3 years before this application. **If none:** ☐ **None**

Date	Nature of accident	Fatalities	Injuries	Hazardous material spill?

6. TRAFFIC CONVICTIONS / FORFEITURES - PREVIOUS 3 YEARS

List all convictions or bond/collateral forfeitures for violations of motor vehicle laws or ordinances during the 3 years before this application. Do not include parking violations. **If none:** ☐ **None**

Date	Violation	State	Penalty / disposition

7. LICENSE DENIAL, SUSPENSION OR REVOCATION

Has any license, permit, or privilege to operate a motor vehicle ever been denied, suspended, or revoked? ☐ **Yes** ☐ **No**

If yes, explain the facts and circumstances:

8. SAFETY PERFORMANCE HISTORY NOTICE AND DRIVER RIGHTS

Warrior Technologies, LLC will investigate required safety performance history information from applicable previous DOT-regulated employers. Information you provide about prior employment may be used for this investigation and prior employers may be contacted.

You have the right to review information provided by previous employers, request correction of errors and re-sending of corrected information, and have a rebuttal statement attached if you and the previous employer cannot agree on accuracy. A written request to review may be made when applying or up to 30 days after employment begins or you are notified of denial of employment.

Request to review prior-employer safety performance information: ☐ **Yes** ☐ **No**

9. DRUG AND ALCOHOL CLEARINGHOUSE NOTICE - CDL POSITIONS SUBJECT TO 49 CFR PART 382

Before permitting a driver to perform a safety-sensitive function, Warrior Technologies, LLC must conduct the required pre-employment query of the FMCSA Drug and Alcohol Clearinghouse. The driver must provide the specific consent required by the Clearinghouse. If applicable prior DOT-regulated employment was under a DOT mode other than FMCSA, additional records and consent may be required.

10. EMPLOYMENT HISTORY - MOST RECENT 3 YEARS

List every employer during the 3 years immediately before this application, starting with the most recent. For each employer, indicate whether you were subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and whether your job was a DOT-regulated safety-sensitive function subject to drug/alcohol testing. Attach a continuation sheet if necessary.

Employer 1 - Name / address:	**Phone:**
Position / work performed:	**Dates employed:**
Reason for leaving:	Subject to FMCSRs? ☐ Yes ☐ No DOT safety-sensitive testing? ☐ Yes ☐ No

Employer 2 - Name / address:	**Phone:**
Position / work performed:	**Dates employed:**
Reason for leaving:	Subject to FMCSRs? ☐ Yes ☐ No DOT safety-sensitive testing? ☐ Yes ☐ No

Employer 3 - Name / address:	**Phone:**
Position / work performed:	**Dates employed:**
Reason for leaving:	Subject to FMCSRs? ☐ Yes ☐ No DOT safety-sensitive testing? ☐ Yes ☐ No

If you had no employer during any portion of the 3-year period, you may identify the period and status here for completeness (optional):

11. ADDITIONAL COMMERCIAL DRIVING EMPLOYMENT - PRIOR 7 YEARS

If applying to operate a commercial motor vehicle that requires a CDL under 49 CFR Part 383, list employers for the 7 years immediately before the 3-year history above where you operated a commercial motor vehicle. This produces the required 10-year CMV employment history. If none, check the box. ☐ **None**

Employer name and address	Dates employed	Reason for leaving	CMV type / class

12. APPLICANT CERTIFICATION

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 understand that material omissions or false statements may affect my eligibility for employment or continued employment, subject to applicable law.

Applicant signature	**Date**
Printed name	**Application date**

WARRIOR TECHNOLOGIES, LLC
MOTOR VEHICLE RECORD (MVR) DISCLOSURE AND AUTHORIZATION

Disclosure. Warrior Technologies, LLC may obtain one or more motor vehicle records (driving records) about you for employment-related purposes, including evaluating your qualifications to drive a company or customer vehicle and your insurability. An MVR may be obtained directly from a governmental motor vehicle agency or through a third-party consumer reporting agency, such as DISA, where applicable.

Authorization. I authorize Warrior Technologies, LLC and its authorized agents or service providers to obtain and review my MVR for the purposes described above. I further authorize periodic MVR checks during my employment when reasonably related to driving duties, insurability, or company policy and where permitted by applicable law. I understand that this authorization does not waive any rights I may have under federal or state law.

APPLICANT / EMPLOYEE INFORMATION

Full Legal Name _____ **Date of Birth** _____

Current Address _____ **City / State / ZIP** _____

Driver License Number _____ **State of Issue** _____

License Class / Type _____ **Expiration Date** _____

IDENTIFYING INFORMATION FOR RECORD MATCHING

Social Security Number (if requested by the MVR provider): ___ ___ ___ - ___ ___ - ___ ___ ___ ___

CERTIFICATION AND ACKNOWLEDGMENT

- I certify that the identifying and driver-license information I have provided is true and complete.
- I understand that a suspended, revoked, expired, invalid, or otherwise unacceptable driving status may affect my eligibility to operate a vehicle on behalf of Warrior Technologies, LLC.
- I understand that, if a third-party consumer reporting agency is used, additional notices and rights may apply under the Fair Credit Reporting Act and applicable state law.

Printed Name _____ **Date** _____

Signature _____ **Date** _____

EMPLOYER USE ONLY

Requested By _____ **Date Requested** _____

MVR Provider / Source _____ **Date Reviewed** _____

Retain this authorization with the applicable hiring or driver qualification records in accordance with company policy and applicable law.