

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Andre Hill Jr.

Date / Fecha : 1-8-20

Company applying to / Compañía a que aplica : _____

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 : Truck Driver

Referred by / Referido por : _____

Social Security / Seguro Social : 216-19-4099

Date of Birth / Fecha de Nacimiento : 12-7-1987

Address / Dirección : 2627 Camberwell Ct.

City / Ciudad : Windsor

State / Estado : MD

Zip / Código Postal : 21244

CDL / CDL : H-400-067-589-932

CDL Expiration / Expiración de CDL : 12-7-2021

Home / Hogar : _____

Work / Trabajo : _____

Cell / Celular : 559-367-5997

Email / Email : AndreHill8723@gmail.com

Emergency Contact / Contacto de Emergencia : _____

Tel. / Tel. : _____

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 2239 Mcelderry St.

Baltimore md 21205

How long / Tiempo : 10 yrs.

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	Maryland	H-400-067-589-932	Class A	12-7-2021

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 : 2011

Years of Commercial Motor Vehicle experience : 9 yrs

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

- | | | |
|--|--|--|
| <input 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 checked="" type="checkbox"/> Passenger Bus |
| <input checked="" type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input 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 checked="" 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 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		None		
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de transito 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 :

And. J. P.

Date / Fecha : 1-8-20

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre: André Hill Jr. Date / Fecha: 1-8-20

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: 04/19 To / Hasta: 01/20

☐ 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: Gold Coast Logistics Position Held / Posición: Independent Contractor

Address / Dirección: 945 N. Edgewood Reason for Leaving / Razón de Renuncia: _____

Ave. Wood Dale

Contact Person / Supervisor: Razz

Phone / Teléfono: 312-533-4993 ext.8 Fax / Fax: _____

 Signature / Firma: André Hill Jr. Date / Fecha: 1-8-20

Date / Fecha: From / Desde: 11/18 To / Hasta: 04/19

☐ 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: FDMeXpress

Position Held / Posición: Independent ^{Contract}

Address / Dirección: 9550 W. Sergio Dr.
McCook, IL

Reason for Leaving / Razón de Renuncia: Not making enough money

Contact Person / Supervisor: Maya

Phone / Teléfono: 260-307-2500

Fax / Fax: _____

Date / Fecha: From / Desde: 10/18 ~~02/18~~ ~~12/19~~ To / Hasta: 11/18 ~~03/19~~

☐ 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 team logistics

Position Held / Posición: OTR

Address / Dirección: _____
Chicago, IL

Reason for Leaving / Razón de Renuncia: went out of Business

Contact Person / Supervisor: _____

Phone / Teléfono: _____

Fax / Fax: _____

SIGN HERE Signature / Firma: Andi Kul

Date / Fecha: 1-8-20

Date / Fecha : From / Desde : 02/17 To / Hasta : 08/18

☐ 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 : American General Position Held / Posición : Independent Contractor
OTR

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

I broken my right arm.

Contact Person / Supervisor : Scott
(858)-401-3800 1-866-716-
Phone / Teléfono : (76)-585-4843 5411

Fax / Fax : _____

Date / Fecha : From / Desde : 03-16 Orthalo Transport To / Hasta : 01-17

☐ 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 : Orthalo Transport Position Held / Posición : OTR

Address / Dirección : 1116 North Point Rd. Reason for Leaving / Razón de Renuncia : _____

Dundalk, md 21222 I got sick over the road in Montana

Contact Person / Supervisor : Ola

Phone / Teléfono : 240-479-3978

Fax / Fax : _____

SIGN HERE Signature / Firma : Audi Kueh Date / Fecha : 1-8-20

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 : Andre Hill Jr. Company : _____

Social Security # : 216-19-4099 CDL # : H-400-067-589-932 MD

Address : 2627 Camberwell Ct. City : Windsor Mill State : MD Zip : 21244

 Signature : Andre Hill Jr. Date : 1-8-20

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 : _____

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



A A 0 9 9 9 8 3 0 0

SPECIMEN ID

CLIENT NO. 10124584



800-877-7484

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

ROY SALMON TRUCKING
ROY SALMON
9737 EUSTICE ROAD
RANDALLSTOWN, MD 21133
Phone#: (443)629-4648

Site Location

B. MRO Name, Address, Phone and Fax No.

FREDERICK J POPE, MD, MRO
FOLEY MRO SERVICES
140 HUYSHOPE AVE
HARTFORD, CT 06106
Phone#: (860)815-0825 Fax#: (860)920-5260

C. Donor SSN or Employee I.D. No.

H400067589932

D. Specify Testing Authority:

☐ HHS ☐ NRC

Specify DOT Agency:

☒ FMCSA☐ FAA☐ FRA☐ FTA☐ PHMSA☐ USCG

E. Reason for Test:

☒ Pre-employment☐ Random☐ Reasonable Suspicion/Cause☐ Post-Accident☐ Return to Duty☐ Follow-up☐ Other (specify)

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP☐ THC & COC Only☐ Other (specify)**65304N**G. Collection Site Address: **32112 Concentra Rosedale****8101 Pulaski Hwy Ste H****Baltimore, MD 21237-2896**

Collection Site Code:

BB157Collector Phone No.: **(410)687-6462**Collector Fax No.: **(410)687-2261****STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Temperature between 90° and 100°F?

☒ Yes☐ No, Enter Remark

Collection:

☒ Split☐ Single☐ None Provided, Enter Remark☐ Observed, Enter remark

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

☒

Signature of Collector

Tanaja Kimble

(Print) Collector's Name (First, MI, Last)

3:33 EST

AM

PM

Time of Collection

1/8/2020

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ UPS☐ FedEx☒ Quest Diagnostics Courier☐ Other

Name of Delivery Service Transferring Specimen to Lab

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

Andre Hill

(PRINT) Donor's Name (First, MI, Last)

1/8/2020

Date (Mo./Day/Yr.)

Daytime Phone No. **4446134382**Evening Phone No. **4436134382**Date of Birth **12/7/1987**

Mo. Day Yr.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☐ NEGATIVE☐ POSITIVE for:☐ DILUTE☐ REFUSAL TO TEST because - check reason(s) below:☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER:☐ TEST CANCELLED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED for:☐ FAILED TO RECONFIRM for:☐ TEST CANCELLED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 5 - DONOR COPY

OMB No. 0930-0158



MARYLAND

Commercial Driver's License

CDL



24016A32



Customer Identifier

H-400-067-589-932

Family name

HILL

Given name

ANDRE MATTHEW, JR

Address

2239 MCELDERRY ST
BALTIMORE MD 21205

Date of birth

12/07/1987

Sex

M

Height

6'-01"

Weight

190

Date of exp

12/07/2021

Endorsements

M

Classifications

A

Endorsements

PNS

Date of issue

11/21/2016

Andre Hill Jr

ORGAN DONOR

I certify that I have examined Test Number 1111

First Name Anna

in accordance with federal law only

☒ The Federal Motor Vehicle Safety Regulations (49 CFR 571.41-571.48) and with knowledge of the agency's duties. I find this person to be qualified and, if applicable, only when I find all that apply: 41
☐ The Federal Motor Vehicle Safety Regulations (49 CFR 571.41-571.48) with any applicable state variations (initials) and only for valid for interstate operation; and, with knowledge of the following details:
 I find this person to be qualified and, if applicable, only when I find all that apply:

☒ Wearing proper seat belts ☐ Accompanied by a motorist/passenger
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Holding valid or pending license from 49 CFR 571.41-571.48 Federal
☐ Licensed by operation of 49 CFR 571.41-571.48 Federal
☐ Surrendered from state requirements Federal

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, 49-24-20-2, with any state-forms submitted my findings completely and correctly and is on file in my office.

Medical Examiner's Certificate Expiration Date

4/13/2011

Medical Examiner's Signature

[Signature]

Medical Examiner's Name (please print or type)

Dr. David J. [Name]

Medical Examiner's State License, Certificate, or Registration Number

MD0000000000

Medical Examiner's Telephone Number

410-333-1000

Date Certificate Signed

4-13-11

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DC ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

Maryland

National Registry Number

MD0000000000

Driver's Signature

[Signature]

Driver's Address

Address 2239 McAdams St City Baltimore

Driver's License Number

H4000675899301

Issuing State/Province

Maryland

Eligible Applicant

State/Province MD

Exp Date 3-1-12 ☒ Yes ☐ No

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