

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Concepcion D Smith Date / Fecha : 5/15/21

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 : Class A Driver Referred by / Referido por : _____

Social Security / Seguro Social : 219-37-8992 Date of Birth / Fecha de Nacimiento : _____

Address / Dirección : 4522 Bishopmill Dr.

City / Ciudad : Upper Marlboro State / Estado : MD Zip / Código Postal : 20772

CDL / CDL : _____ CDL Expiration / Expiración de CDL : _____

Home / Hogar : _____ Work / Trabajo : _____

Cell / Celular : 443-759-2128 Email / Email : Neilsmith016@gmail.com

Emergency Contact / Contacto de Emergencia : _____ Tel. / Tel. : _____

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 4522 Bishopmill Dr How long / Tiempo : 4

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	S-530-122-135-113	A	2025

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 : 2016

Years of Commercial Motor Vehicle experience : 6

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

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input 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 type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input 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				
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 :



Date / Fecha : 5-15-21

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Condean Smith for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGN
HERE

Driver's Signature : Condean Smith

Date : 5/15/21

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

SIGN
HERE

Requester's Signature : Condean Smith

Date : 5/15/21

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : Condean Smith

Address : 4522 Bishopmill Dr

City, State, Zip : Upper Marlboro, MD. 20772

Former Address : _____

City, State, Zip : _____

Date of Birth : 02-12-1993

Social Security No. : 219-37-8992

License No. : S-530-122-135-113

REQUESTED BY:

Name : _____

Title : _____

SIGN
HERE

Signature : Condean Smith

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 : Coneleas Smith Company : Roy Salmon

Social Security # : 219-37-8992 CDL # : S-SXO-122-135-113

Address : 4522 Bishopmill Dr City : Upper Marlboro State : MD Zip : 20712



Signature : [Signature] Date : 5-15-21

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 : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : _____ Date / Fecha : _____

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 : _____ To / Hasta : _____

☐ 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 : _____

Position Held / Posición : _____

Address / Dirección : _____

Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____

Fax / Fax : _____



Signature / Firma : _____

Date / Fecha : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

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Position Held / Posición : _____

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Phone / Teléfono : _____

Fax / Fax : _____



Signature / Firma : _____

Date / Fecha : _____

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Company / Compañía : _____ Position Held / Posición : _____

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

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

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Company / Compañía : _____ Position Held / Posición : _____

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

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____



Signature / Firma : _____

Date / Fecha : _____

CERTIFICATION OF ROAD TEST

Driver's Name CONELEOS SMITH
219 37 8992 SS30 122135 113 MD
(Social Security Number) (Operators or Chauffeurs License Number) (State)

Type of Power Unit 16 Type of Trailer(s) VAN

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on MAY 18th, 20 21 consisting of approximately 50 miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

[Signature] OWNER
(Signature of Examiner) (Title)
8333 PULASKI Hwy ROSEDALE MD 21284
(Organization and Address of Examiner)

EQUIVALENT OF ROAD TEST FOR CDL DRIVERS

§391.33 Equivalent of road test.

- a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -
- 1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
 - 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

RECORD OF ROAD TEST

Instructions to Evaluator: Check () items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name CONELEOS SMITH Home Address 4522 BISHOPMILL DR

Social Security No. 219 37 8992 License No. SS80 1R2 135 113 State MM Class A

Equipment Driven: Truck Tractor Frigidaire CASCADIA Trailer(s) S3
(Make & Model) (Body Type & Length of Each)

Length of Test 1 hour Mi. From/In 673528 To 673578

Start Time 11:03 AM Finish Time 12:04 PM Weather Conditions CLEAR

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit ☒
- Checks fuel, oil, water and for excessive oil on engine ☒
- Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage ☒
- Tests steering, brake action, tractor protection valve, and parking brake ☒
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment ☒
- Checks instruments for normal readings ☒
- Checks dashboard warning lights for proper functioning ☒
- Cleans windshield, windows, mirrors, lights and reflectors ☒
- Reviews and signs previous report ☒

PART 2 - COUPLING AND UNCOUPLING

- Connects glad hands to trailer to apply trailer brakes before coupling ☒
- Connects glad hands and light line properly ☒
- Couples without difficulty ☒
- Raises landing gear fully after coupling ☒
- Visually checks king pin assembly to be certain of proper coupling ☒
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer ☒
- Assures himself that surface will support trailer before uncoupling ☒

PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- A. MOTOR
 - Places transmission in neutral before starting engine ☒
 - Starts engine without difficulty ☒
 - Checks instruments at regular intervals ☒
 - Maintains proper engine rpm while driving ☒
- B. BRAKES
 - Knows proper use of and checks tractor-protection valve (trailer air supply valve) ☒
 - Tests service brakes ☒
 - Builds full air pressure before moving ☒
- C. CLUTCH AND TRANSMISSION
 - Starts unit moving smoothly ☒
 - Uses clutch properly ☒
- D. LIGHTS (if tested at night)
 - Adjusts speed for range of headlights ☒
 - Dims lights when approaching another vehicle or following other traffic ☒

PART 4 - BACKING AND PARKING

- A. BACKING
 - Gets out and checks area before backing ☒
 - Understands and utilizes mirrors properly ☒
 - Signals when backing (if appropriate) ☒
 - Avoids backing from blind side ☒
- B. PARKING (CITY)
 - Parks without hitting any other vehicles or stationary objects ☒
 - Parks correct distance from curb ☒
 - Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) ☒
 - Carefully enters traffic from parked position ☒
- C. PARKING (ROAD)
 - Parks off pavement ☒
 - Secures unit properly ☒
 - Uses emergency warning signal or devices when necessary ☒

PART 5 - SLOWING AND STOPPING

- Uses clutch and gears properly ☒
- Gears down properly before descending hills ☒
- Starts without rolling back ☒
- Tests brakes before descending grades ☒
- Uses brakes properly on grades ☒
- Makes proper use of mirrors ☒
- Plans stop far enough in advance to avoid hard braking ☒
- Stops clear of crosswalks ☒

PART 6 - OPERATING IN TRAFFIC, PASSING AND TURNING

- A. TURNING
 - Signals intention to turn well in advance ☒
 - Gets into proper lane well in advance of turn ☒
 - Checks traffic conditions and turns only when intersection is clear ☒
 - Restricts traffic from passing on right when preparing to complete right hand turn ☒
 - Completes turn promptly and safely and does not impede other traffic ☒
- B. TRAFFIC SIGNS AND SIGNALS
 - Plans stop in advance and adjusts speed correctly ☒
 - Obeys all traffic signals ☒
 - Comes to a complete stop at all stop signs ☒
- C. INTERSECTIONS
 - Yields right of way ☒
 - Checks for cross traffic regardless of traffic controls ☒
 - Enters all intersections prepared to stop if necessary ☒
- D. GRADE CROSSINGS
 - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary ☒
 - Selects proper gear and does not shift gears while crossing ☒
 - Knows and understands Federal and State rules governing grade crossings ☒

- E. PASSING
 - Allows sufficient space ahead for passing ☒
 - Passes only in safe locations ☒
 - Signals changing lanes before and after passing ☒
 - Warns driver ahead of his intention to pass ☒
 - Passes with sufficient speed differential to minimize obstructing traffic ☒
 - Returns to right lane promptly but only when safe to do so ☒
- F. SPEED
 - Observes speed limits ☒
 - Drives at speed consistent with ability ☒
 - Adjusts speed properly to road, weather and traffic conditions ☒
 - Slows down in advance of curves, danger zones and intersections ☒
 - Maintains constant speed where possible ☒
- G. COURTESY AND SAFETY
 - Yields right of way ☒
 - Consistently strives to drive in safe manner ☒
 - Allows faster traffic to pass ☒
 - Uses horn only when necessary ☒

PART 7 - MISCELLANEOUS

- A. GENERAL DRIVING ABILITY AND HABITS
 - Consistently alert and attentive ☒
 - Consistently is aware of changing traffic conditions ☒
 - Anticipates problems ☒
 - Performs routine functions without taking eyes from road ☒
 - Checks instruments regularly while driving ☒
 - Personal appearance is professional ☒
 - Remains calm under pressure ☒
- B. USE OF SPECIAL EQUIPMENT (SPECIFY)
 - ☐
 - ☐
 - ☐
 - ☐
 - ☐
 - ☐
 - ☐

REMARKS:

GENERAL PERFORMANCE: Satisfactory ☒ Needs Training ☐ Explain:

 QUALIFIED FOR: Straight Truck ☐ Tractor-Semitrailer ☒ Twin Trailers ☐ Other Combination ☐
 Special Equipment ☐ (SPECIFY)

Date 5-18-21

SIGNATURE OF EXAMINER